

Bange Nursing Homes Limited

# Bange Nursing Homes Limited t/a Bradley House 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Bange Nursing Homes Limited t/a Bradley House Nursing Home (known as 'Bradley House Nursing Home' by the people who live there) on 5 and 6 February 2018. The inspection was unannounced, so this meant they did not know we were coming.

At the last inspection on 12 and 13 December 2016, the service was rated as requires improvement. We found one breach of the regulations, as improvements were needed in the recruitment of new staff. We also found improvements were needed in respect of fire safety, as we found fire drills had not been undertaken in the last 12 months to check that staff understand and are familiar with the operation of the emergency fire action plan. Following the last inspection visit, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe.

Bradley House Nursing Home is registered to provide nursing and residential care for up to 34 people. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 28 people living in the home.

People were supported in one building over three floors. Nine people could be accommodated on the ground floor; bedrooms are all single, there is a shared bathroom, a combined lounge and dining area and a quiet lounge. There are rooms for 13 people on the first floor; these are a mixture of single and twin bedrooms with a shared bathroom and a communal lounge and dining area. There are five bedrooms on the attic floor; people there shared a toilet and used the communal bathrooms and lounge/dining rooms on the other floors during the day. All floors could be accessed by a lift. A separate part of the basement also contained the registered manager's office, the staff room, some storage areas and the laundry facilities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The systems in place to monitor and improve the quality and safety of the service were not effective. Potential safety hazards were identified by the inspection team as we walked around the building. We brought these concerns to the management team's attention and found these had been resolved during the inspection. The safety of the premises and the quality of care provided was ineffective, as they had failed to identify a number of issues that we saw on our inspection. Failure to identify and act upon these risks to people's health and safety meant that the environment at the home was not always safe.

People were supported to access healthcare professionals when needed. Staff respected people's privacy and promoted their dignity by supporting people to be independent. People and relatives spoke highly of staff who they felt were caring and friendly.

Medication was correctly administered, stored and recorded. We looked at six people's medication administration records (MARs) and medication stocks and found that the MARs had been appropriately completed and medication stocks were accurately accounted for. The nurse we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support staff.

Staff were safely recruited and were supported with an induction process. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files.

Care plans were well personalised with details that supported staff to provide care in a person centred way. We observed that staff were familiar with people's chosen routines and noticed changes in their needs. Care plans were reviewed and updated regularly and gave an accurate description of the care provided.

The people we spoke with and their relatives told us they enjoyed the food and drink at the home. We saw that people were given a choice of suitable nutritious foods to meet their dietary needs and preferences. Relevant information regarding anyone who required special diets, such as diabetic or soft diets, was clearly displayed in the kitchen. However, we did observe that the meal time was more task-orientated for people who needed assistance to eat. Staff concentrated on the role of assisting people rather than creating a social atmosphere.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed and DoLS applications were completed correctly and in line with current legislation. Staff showed a good knowledge and understanding of both MCA and DoLS.

Staff that were spoken to showed good knowledge around maintaining the dignity and respect of people living within the home. During the inspection staff were observed to be kind, compassionate and respectful towards people and were seen to interact in a calm, respectful manner. People living in the home and their relatives spoke positively of staff and their care and treatment towards them.

Bradley House Nursing Home employs an activities coordinator several days a week. People living in the home spoke positively about the activities that were provided. We saw evidence of a wide range of group and individual activities, themed activities and trips out. The activities folder provided further evidence of the positive reactions from people living in the home.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff had had training on this and information about how to raise safeguarding concerns was readily available. Staff told us that they felt people living at the home were safe, as did the people living there and their relatives. They said that if they ever had any concerns they could raise them with staff and the issues would be resolved.

Staff supervisions and appraisals had been completed regularly and were clearly documented. Staff told us they felt well supported by the management team and were able to request additional support through supervisions if required.

Processes were in place to ensure people received appropriate support as they reached the end of their life. People had been asked for their wishes and the registered manager had ensured any decisions relating to

the use of cardiopulmonary resuscitation were clear and correctly recorded.

The provider had a number of systems and process in place to monitor and oversee the provision of care and support. However, audits on the home's quality were not accurate or completed which meant systems to improve the quality of provision at the home were not always effective. We found the home in breach of the regulation in relation to good governance.

At this inspection we found two new breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because health and safety issues we identified during the inspection and a lack of robust good governance systems. You can see what action we asked the provider to take at the back of the full version of this report.

This is the fourth consecutive time the service has been rated Requires Improvement.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

We noted a number of potential safety hazards on the first day of our inspection.

Medicines were managed and administered safely and in accordance with best practice guidance.

Safe staff recruitment processes were in place.

### Is the service effective?

**Good** 

This service was effective.

Staff were trained and supported to ensure that they held the appropriate skills and knowledge.

People were supported to maintain good health in conjunction with a range of community health care services.

Staff were supported with the use of regular supervisions and appraisals.

### Is the service caring?

**Good** 

This service was caring.

People were treated with respect and kindness by staff.

Staff supported people to maintain their privacy and dignity in all aspects of their care.

Relatives were made to feel welcome and recognised as an important part of people's lives.

### Is the service responsive?

**Good** 

This service was responsive.

People were offered a range of activities to keep them physically and mentally stimulated and encourage inclusion.

Care was provided in a person-centred way and care plans reflected people's wishes and preferences.

A complaints policy was on display for people, relatives and visitors to refer to. People and relatives knew who to complaint to when they had concerns or issues to raise.

### **Is the service well-led?**

The service was not always well-led.

Although the provider had a variety of systems and processes in place to oversee the provision of care and support, records did not confirm the actions taken to address any identified issues.

The service had a clear management structure and staff understood their roles and responsibilities.

Systems were in place to gather information from people, relatives and staff and this was used to improve the service.

**Requires Improvement** 

# Bange Nursing Homes Limited t/a Bradley House 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.

The inspection took place on 5 and 6 February 2018. The first day of the inspection was unannounced and was undertaken by two inspectors and an expert-by-experience. We told the provider we would return the following day. The second day of the inspection was undertaken by one inspector. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was reflective of the service provided at the home.

Prior to our inspection visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. Shortly after the inspection we spoke with one of the contact officers for Trafford local authority commissioning team who did not raise any concerns about the home at that time.

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 also observed the mealtime experience for people and interaction between people using the service and staff throughout the inspection.

During the inspection, we spoke with six people who used the service, three people's relatives, three members of care staff, one registered nurse, the activities co-ordinator, the registered manager and the director.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, three staff recruitment files and training records, three care plans, meeting minutes and auditing systems.



# Is the service safe?

## Our findings

During the tour of the home we noted that small portable heaters were placed in the lounge on the first floor and in three people's bedrooms in the attic. The portable heater in the lounge was hot to touch, and was a potential trip hazard particularly for people living with dementia. Contact with surfaces above 43 °C can lead to serious injury. Prolonged contact often occurs because people have fallen and are unable to move, or are trapped by furniture. We spoke with the registered manager about this, who agreed to remove the portable heater from the lounge. We found no risk assessment had been carried out to assess whether placing the small heaters in the home was safe and appropriate. During the inspection the registered manager completed a risk assessment in respect of the portable heaters, which confirmed the heaters in the three people's bedrooms were safe, due to these people not mobilising at night. We reviewed these people's care plans which confirmed this was the case. The registered manager commented that the radiators in the attic were always on, but the attic space could sometimes be drafty and this was their rationale for the use of portable heaters.

On the first day of our inspection we noted on the ground floor corridor stored three wheelchairs close to the medicines clinic room. The inappropriate storage of these wheelchairs posed a potential trip hazard. We brought these concerns to a staff member's attention, who moved the wheelchairs to a vacant bedroom.

During our tour of the home we also found the door to the storage water tank on the ground floor was unlocked and easily opened. Although at the time the water tank was not hot, there was a potential risk the copper pipes connected to the water tank could become very hot. The registered manager was not sure why this room was not locked, as the room was clearly sign posted to keep locked at all times. During the inspection the maintenance person put a lock in place to ensure this room could no longer be accessed by the people at the home.

This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in December 2016 we found the provider's recruitment and selection procedures did not meet the requirements of the current regulations. We found this to be a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and were meeting the regulations. We looked at a sample of three staff records for staff recently recruited. In all three files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our last inspection in December 2016 we recommended the registered provider reviewed the latest fire safety guidance for nursing homes. We found no fire drills had been undertaken in the last 12 months. At this inspection we found improvements had been made and the home was complying with the requirements set

by the fire officer.

In January 2016 the Greater Manchester Fire and Rescue Service visited the home, and found the home to be non-compliant. The fire officer found the fire risk assessment was not suitable and sufficient. The home then implemented a new fire risk assessment dated June 2016 to address this issue. However, the Greater Manchester Fire and Rescue Service visited the home again in January 2017 and felt the fire risk assessment was still not sufficient. The fire officer issued an action plan for the home to follow to ensure the fire risk assessment met the required criteria of article 9 (1) of the Regulatory Reform (Fire Safety) Order 2005.

At this inspection we found the provider had a new fire risk assessment completed in January 2017 by a third party fire risk assessor. The provider had an action plan from this risk assessment, and we found actions had been taken in relation to the recommendations made by the risk assessor. For example, one recommendation was to update the provider's emergency plan.

People had personal emergency evacuation plans (PEEPs) in place that detailed the level of support people would need to evacuate the building in the case of an emergency. The fire alarm, fire extinguishers had been serviced by an external contractor within the last year. We noted fire drills were now being carried out more frequently, including the involvement of night staff. Fire drills should be carried out to check that staff understand and are familiar with the operation of the emergency fire action plan, to evaluate effectiveness and identify any weaknesses in the plan.

Staff assessed and managed the risks for people living at the service and took action to mitigate these. Each person's care file contained a pre-admission and admission assessment of needs and risks and a range of dependency and risk scores for different aspects of care such as nutrition, skin integrity and falls. There were also risk scores for dehydration and choking/aspiration. These were updated monthly, including weight records. Risks associated with medical conditions, environmental or people's mental health were addressed in the relevant care plans and there was clear direction for staff on how to manage and mitigate any identified risk. Allergies were recorded at the front of each care file. People had call bells and people and relatives confirmed these were available and answered when activated.

We observed that there were sufficient numbers of nursing and care staff to meet the needs of those living at the home. The people and relatives we spoke with felt there were enough staff to meet people's needs.

Registered nurses were responsible for the management of medicines. We observed a registered nurse on part of a medicine round. They demonstrated an awareness of the needs and preferences of the people they administered the medicines to. Medicine competency records of individual staff who were responsible for administration of medicines were thorough and detailed. The provider recorded when staff last had a competency assessment on their training matrix and this meant people could be confident staff who administered medicines were competent and up to date in their practice.

We saw systems were in place to ensure people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were obtained, stored, administered and disposed of appropriately. Controlled drugs are medicines which have special requirements about storage and recording. All prescribed medicines were available and were stored securely in locked medicines cupboards or trolleys within the treatment room areas. Daily fridge temperature readings were taken and were in within the range of 2-8°centigrade. Room temperatures were also recorded on a daily basis and were below 25°centigrade. This assured us that medicines were being stored at safe temperatures.

We looked at three MARs for people who were administered their medicines covertly. We found that they

had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly. This assured us that these people received their medicines in an appropriate manner in accordance with legislation and recommended guidance.

We checked the safeguarding records in place at Bradley House Nursing Home. The registered manager was aware of their responsibilities to manage and report any safeguarding concerns via a first account report to the local authority. The service had a handwritten overview of safeguarding's that had occurred, however we found this overview did not record the outcomes of these and any actions taken or lessons learned. The registered manager confirmed this would be implemented after the inspection.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "If I had a safeguarding concern I would go to the senior or nurse in the first instance and that if I didn't feel it was dealt with properly I would go to the managers."

Accidents, incidents or other events were recorded and investigated. We saw reflective practice conversations were held with staff so that lessons could be learnt and practice improved. For example, a recent incident at the home occurred with an external cleaning company who the home employ had left their cleaning trolley unattended, which resulted in a person putting a cleaning product to their mouth. Thankfully the person had no side effects, but the home recognised the seriousness of this incident by making a safeguarding referral and immediately reviewing the cleaning company's protocols to ensure future incidences like this were not repeated. We reviewed the cleaning company's action plan and found appropriate action had been taken.

During this inspection we looked in bathrooms, communal areas, the kitchen and we found these areas to be clean. However, upon entering the front door of the building on the first day of inspection we again noted an unpleasant odour that seemed to be concentrated around the reception area of the house, we found this was also the case during our previous inspections. We spoke with the registered manager who explained that people living at the home had in the past mistakenly urinated in the reception and that was the source of the smell. The registered manager described in detail how the home has attempted to eradicate this odour, by having the carpet at the front of the door cleaned once a week and ensuring air fresheners had been installed. The registered manager confirmed the carpet area would need to be removed, as this odour was not going away.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

## Is the service effective?

### Our findings

People were assessed and care was planned to meet their assessed needs. Each person's care record contained a comprehensive assessment of their needs across a range of different aspects of care including physical, medical, nutritional, emotional, cognitive, social, and cultural/religious needs. Assessments were carried out on admission and this information was used to develop care plans in consultation with the person and their family members, so their wishes were known and included. Information was available to staff so they knew the care and support to provide.

Staff received the training they required to safely fulfil their roles and effectively support people. The provider had created a training matrix which showed when staff had completed training and when updates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs. The training matrix showed a small number of staff still needed to complete some key training subjects, such as dementia awareness. In order to address this, the provider had notified staff that training sessions was overdue and staff needed to undertake this training as soon as possible.

People were cared for by staff who felt well supported. Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. There were also one to one supervision meetings for staff with the registered manager. One staff member said, "The management is very approachable, there are no problems with me going to see them when I need to."

New staff received an induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff confirmed they had spent time in induction training and shadowing other staff before working unsupervised.

People had their nutritional needs assessed and were supported to have a good diet. The staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. For example; one person required a fortified diet to increase their calorie intake and this was provided. Another person needed their food to be pureed and at lunch time we saw their meal was served in accordance with the instructions in their care plan.

People received the support they required to eat their meals. Where a person required physical support to eat staff provided this in a discreet and dignified manner. However, we did observe that meal times were more task-orientated for people who needed assistance to eat. Staff concentrated on the role of assisting people rather than creating a social atmosphere. In the dining area we observed staff were constantly on the go as they needed to take meals to people in their bedrooms. We provided this feedback to the registered

manager who confirmed they would review the mealtime experience.

People were complimentary about the food served. Comments included; "The food is nice here" and "The best part of the day is my meals, I love food."

All areas of the home were well lit and there was signage to enable people to find their way around. The home had also undergone a number of refurbishments with the advice of an interior designer with experience in dementia, to develop areas in the home with a dementia theme. Various planning meetings took place and it was decided that a 1950's theme for both the dining area and lounge on the ground floor would be appropriate for the people at the home. The colour schemes and design of the rooms have been made to look authentic and reflect the 50's era. These items included an original radiogram, television, and typewriter. The kitchen cabinets were authentically built, and with an original food mixer, toaster and coffee machine. Signage around the building has been renewed and is colour coded. Grab rails are also appropriately coloured to aid and guide people to bathrooms and toilets. The registered manager and director were proud of their achievements and were looking to develop other areas of the home in the near future.

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.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held with appropriate people involved in their care and decision making.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

Staff understood the importance of ensuring people were consenting to the care they received and we saw this demonstrated throughout our visit. For example, staff checked with people first to ensure they needed or wanted assistance, rather than assuming they did. Records showed where people had capacity, they had consented to certain aspects of their care being provided, such as medicines, and how their care was planned and delivered.

People told us they were supported to see a health professional such as a GP if they had concerns about their health. Records in people's care files showed there had been frequent visits from GPs, speech and language therapists, physiotherapists and podiatrists. Staff monitored people's weights monthly or weekly dependent on the level of risk indicated in their malnutrition risk assessments. We saw that when staff identified concerns about a person's weight loss, that they had made appropriate referrals to a GP or dietician.

## Is the service caring?

### Our findings

Throughout the inspection we observed staff to be kind and prompt when assistance was needed. The staff interaction with people indicated familiar and mutually respectful relationships. Staff were observed to be responsive to people's needs in a variety of ways. The Activities Co-ordinator seemed especially attentive and was observed talking to people in both lounges whilst arranging activities.

People were cared for by kind and caring staff. Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate.

Staff were respectful of people's privacy and dignity, knocking on doors before entering, closing doors when providing care, offering people choices and supporting them to spend their time as they wished throughout the day. Staff described the methods they used to ensure that they respected people's privacy and dignity such as offering choice before delivering personal care, explaining what they were doing before helping people and making sure that they were covered as much as possible when assisting with washing and dressing. Staff were careful and unhurried when assisting people to move around the service and were prompt to attend to call bells or other requests for assistance. Staff engaged with different people throughout the day so that no-one was left alone or isolated for prolonged periods. However, where people wished to remain on their own in their rooms this was respected, with periodic visits from staff to check on their wellbeing.

People's care plans contained key information which helped staff to get to know them well. This included details about their family relationships, significant life events, occupation, hobbies and their likes and dislikes. Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

Staff understood the importance of promoting equality and human rights as part of a caring approach. Staff were aware of one person living in the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT), all relationships were equally respected. The registered manager told us people's diversity was explored as part of the admission process and they were confident the home would provide a safe and supportive environment for LGBT people.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Relatives told us staff welcomed and encouraged them to visit the home whenever they wanted to. One relative told us, "The home isn't a posh place, and might not suit some, but I can't fault it" and "The staff are lovely, it's a home of choice and I like to spend time here."

There were a number of thank you cards and compliments about the service available to read. Some of these were very complimentary about the care that people had received. One comment included, "They

[care staff] all seem to genuinely care for the residents, and go the extra mile to make sure they are comfortable and content, and that their dignity is always respected."

## Is the service responsive?

### Our findings

The provider had introduced an electronic care planning system and all care plans and risk assessments had been transferred to this new system. The information was accessible to staff via computers and a number of hand held devices on which staff accessed care plans and recorded the care and support people received.

People's care plans and associated risk assessments were completed by a senior registered nurse and clarified all nursing needs. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the service. Care plans contained information about each person, their family history, individual personality, preferences and interests. They recorded people's healthcare needs and the support required to meet those needs. Care plans contained guidance for staff on how best to support each individual. Reviews took place regularly and people, and where appropriate their representatives, were involved with these. Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff monitored and recorded regular contact with people and recorded the fluid and diet they consumed. People were assisted to use the toilet on a regular basis to support continence.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, hearing aids and glasses were available and maintained. Staff were skilled at communicating effectively. For example, staff lowered themselves to enable eye contact and spoke directly to people, and ensured background noise was minimised. Information about activities were also provided in pictorial form to ensure people understood the information provided.

The Bradley House Nursing Home employed a coordinator who organises both group and individual activities. We saw that they had worked hard to create a varied program to suit most people living in the home; examples were themed parties, movies, pamper days, arts and crafts, various trips out, creative activities and doll therapy. We spoke to the activity coordinator who told us the home had entered in to a contract with an external provider who arranged transport for the home once a month to attend activities such as trips to the hat museum, the transport museum and sea life centre. The activity coordinator told us they try to include relatives in activities as much as possible. The activities coordinator said that regular trips were arranged to the local pub, nearby gardens and to the church for coffee mornings. A church representative provided non-denominational religious support for people weekly at the home.

When there were no organised activities, people watched and listened to the radio and television. During these times staff were attentive and did not ignore anyone. They checked each of them regularly exchanging a few words and checking they had drinks and offering regular snacks. People said they enjoyed the



activities provided particularly the singers who come, mixing with each other and the staff.

From the records it was evident that people enjoyed the activities provided. Pictures taken showed evidence of people having fun and great effort from staff to ensure inclusion. Relatives spoke positively about the activities provided.

As part of the inspection we checked the home's complaints policy, any records of complaints and spoke with people about any concerns or complaints they may have. There was a detailed complaints policy that clearly indicated how people and their relatives could make a complaint and who to contact if they wished to do so. The people that we spoke to reported that they had not felt the need to make a complaint. Complaints records were checked and only one had been recorded since the last inspection. The records showed that this matter was dealt with in a timely manner.

Staff and the registered manager were conscious of their need to support people and their wishes at the end of their lives. We saw examples of how end of life care was planned for in conjunction with the person, their family and healthcare professionals. People's end of life wishes were recorded. For example, some care records contained do not attempt cardio-pulmonary resuscitation (DNACPR) instructions. Whilst the service did not have anyone currently on end of life care it was evident that where requested plans were in place and people's wishes were documented. We saw that the home had registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

## Is the service well-led?

### Our findings

At the last inspection in December 2016 we found the home had recently employed a clinical lead who was responsible for a number of key tasks within the home, such as care planning, and medicines. The clinical lead left the Bradley House Nursing Home in May 2017, and the home has been actively attempting to recruit a new clinical lead, but at the time of our inspection this post had not yet been fulfilled. The registered manager was also a qualified nurse and had an overview of the staff and the clinical needs of people and was committed to the provision of quality care and services. She was also supported by the homes director on a day to day basis.

The registered nurses were given time off rota to update care plans and support with pre-admission assessments. There was a positive culture in the service and staff told us they were happy in their work. They spoke highly of the registered manager and the director of the organisation. They told us both were available and approachable and provided a supportive environment to work in.

Although we received positive feedback we identified some areas that needed to be improved. There was a range of audits and quality monitoring in place. However, these systems had not identified all the areas for improvement we found.

We looked at the systems in place to monitor quality of the service. We saw evidence of audits related to medicines, care planning, weight loss audits and infection control. Actions were identified from the audits for each unit, with actions followed up by the registered manager or nurses.

Although we found a number of audits in place and action plans devised, the quality assurance system in place had failed to identify the issues raised in this report. For example, the registered manager advised us that they no longer carried out daily 'walk round' audits having previously delegated this to the clinical lead, who had left the home in May 2017. We noted from our tour of the building a number of health and safety issues that had not been picked up by the management team, although all tasks were rectified during the inspection we found the providers checks on health and safety of the home were lacking.

Furthermore, we found gaps in the auditing of the monthly weight loss action plans, as we found these forms had been partly completed by nurses, but the registered manager had failed to audit these forms to ensure people's weight loss were being correctly being monitored and analysed. We were reassured by the registered manager who provided examples of when the home had intervened when people had weight loss, but the manager acknowledged these audits had not been completed correctly since the clinical lead left the service.

We concluded this was a breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share

ideas. The provider strived to involve and inform people as much as possible in the running of the service. For example, we saw a number of surveys were sent to people who used the service and their families. These included a service user experience survey. We also saw the minutes of residents' meetings. This meant the home strived to ensure people and their relatives were involved in decisions about the running of the home and were encouraged by the service to provide feedback.

The registered manager understood the requirements of their registration. They had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. We saw the rating from our previous inspection was displayed in the home and on the provider's website. This ensured the public had information about the homes rating which is a legal requirement.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	During our tour of the home on the first day we noted several potential safety hazards.

  

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	The quality and safety monitoring of the service was ineffective at identifying where the quality and the safety of the service was being compromised.