The Salvation Army Social Work Trust

Bradbury Home

Inspection report

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Date of inspection visit:
23 January 2018
24 January 2018
31 January 2018

Date of publication:
04 April 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was completed on 23, 24 and 31 January 2018 and was unannounced. At the time of this inspection there were 26 people living at Bradbury Home.

Bradbury Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 36 older people and people living with dementia in one adapted building.

Bradbury Home is a large detached building situated in a quiet residential area in Southend on Sea and close to all amenities. The premises is set out on three floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service on each floor.

At the last inspection on the 12 December 2016 and 3 January 2017, the service was rated 'Requires Improvement '. A breach of regulatory requirements was evident for Regulation 12 [Safe care and treatment] and this related specifically to medicines management. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of 'Safe' and 'Well-Led' to at least good. The action plan was received on 15 February 2017. At this inspection, we found the service remained rated 'Requires Improvement'. This is the second time the service has been rated 'Requires Improvement'.

Prior to our inspection we received a statutory notification advising us of the registered manager's absence from the service. At the time of the inspection the service was being managed on a day-to-day basis by a 'relief' home manager and acting head of care.

An effective robust system was not in place to assess and monitor the quality of the service. Quality assurance systems had failed to identify the issues we found during our inspection to help drive and make all of the necessary improvements. Statutory notifications as required by regulation were not always forwarded to the Care Quality Commission.

Some essential aspects of medicines management required further development. Not all risks to people were identified and improvements were required to record how these were to be mitigated so as to ensure people's safety and wellbeing. Improvements were required to ensure that people's care plan documentation was accessible at all times, reflected all of their care and support needs and how the care was to be delivered by staff.

Training for staff was not as up-to-date as it should be. Specifically improvements were needed to ensure staff received appropriate training relating to medication, safeguarding, moving and handling, and to ensure this was embedded in their everyday practice. Staff recruitment practices required strengthening as these

were not robust or in line with regulatory requirements. Not all staff had received a robust induction, formal supervision or an appraisal of their overall performance.

Although people told us that staff cared for them in a kind and caring manner and whilst some aspects of care by staff was seen to be good, other arrangements were not as effective as they should be and could potentially impact on the delivery of care people received. The deployment of staff was not always appropriate to meet people's care and support needs and this required review.

People's capacity to make day-to-day decisions had been considered and assessed; and people were supported to make choices and decisions. Staff member's understanding and knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act (MCA) 2005 were good.

People received sufficient food and drink throughout the day and their healthcare needs were supported, having access to a range of healthcare services and professionals as required. Staff had a good relationship with the people they supported. People were supported to maintain their independence where appropriate and had their privacy respected. They were able to participate in a range of social activities of their choice.

The cleanliness of the service was maintained to a good standard and people had access to comfortable communal facilities and their bedrooms were personalised.

We have made recommendations about the management of risk and the deployment of staff within the service to meet people's care and support needs.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Medication practices required improvement. Not all staff had up-to-date medication training or had their competency assessed at regular intervals.

Not all risks to people were identified and improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing.

Improvements were required to ensure staff were recruited safely and in line with regulatory requirements. The deployment of staff was not always suitable to meet people's care and support need.

The arrangements to review and investigate events and incidents and to learn from these were not robust.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Training for staff was not as up-to-date as it should be and not all training was embedded in their everyday practice. Not all staff had received a robust induction and improvements were required to ensure staff received formal supervision and an annual appraisal of their overall performance.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how to apply these principles.

People had their nutritional and hydration needs met. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Whilst some aspect of care by staff was seen to be good, other arrangements were not as effective as they should be and this could potentially impact on the delivery of good quality care.

People and their relatives were positive about the care and support provided at the service by staff. People told us staff were caring. Staff demonstrated an understanding and awareness of how to support people to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were supported to participate in a range of social activities.

People using the service and those acting on their behalf were confident and able to raise concerns. Complaints were dealt with satisfactorily.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's systems to check the quality and safety of the service required improvement because it had not identified or rectified the areas of concern that we found at the last inspection.

Bradbury Home

Detailed findings

Background to this inspection

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

This inspection took place on 23, 24 and 31 January 2018 and was unannounced. The team consisted of one inspector on all three days and on 23 January 2018 the inspector was accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for older people.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our 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.

We spoke with 10 people living at the service, four visiting relatives, five members of staff, the chaplain, the person responsible for providing social activities, the acting head of care and the 'relief' manager. We reviewed five people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Requires Improvement

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection on the 12 December 2016 and 3 January 2017. At this inspection, we found that safe remained rated as 'Requires Improvement.' At our previous comprehensive inspection to the service in December 2016 and January 2017, we found the registered provider's arrangements for the safe management of medicines was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and required improvement. The registered provider shared with us their action plan in February 2017 and this provided detail on their progress to make the required improvements. At this inspection we found that these improvements had not been sustained and maintained.

Medicines were not securely stored for people using the service. On the first day of inspection whilst the team leader administered medication to people at lunchtime the medication trolley was repeatedly left open and the medication keys left in the lock. People's tablets and/or liquid medication were continually left on the dining table for people to take in their own time. This meant that medicines were accessible for people not authorised to have access to them and left people at risk of potential harm.

One person was prescribed a thickening powder to aid their swallowing difficulties and to minimise the risk of aspiration. However, safe storage was not maintained in line with the 'Patient Safety Alert: Thickening Powders' dated 2015, as the tin of thickening powder was located on a table in the dining room during the inspection. The team leader was also observed to directly handle four people's medication by placing their tablets in the medicine pot or directly into people's hands with their fingers. This meant that poor hygiene methods were being used and there was a potential risk of cross-infection. In addition, some medicines may be harmful to the care worker if they have direct contact with them and this could change the original properties of the medication.

The team leader administering the medication signed people's Medication Administration Record [MAR] without always witnessing the medication being taken. The MAR forms were signed in batches rather than one at a time and after each administration. The above was brought to the 'relief' manager and acting head of care's attention as soon as was practicable. An assurance was provided by them that they would discuss the issue with the team leader and all team leaders would be reminded of the importance of ensuring medicines were stored safely.

We looked at the records for 14 of the 26 people who used the service and found a number of discrepancies relating to staff's practice and medication records. Unexplained gaps were found on six out of 14 MAR forms viewed, giving no indication if people had received their medication or not, and if not, the reason why, was not recorded. On further review we found that the medication had been administered.

Staff did not always give people their medication in line with the prescriber's instructions. For example, one person was prescribed liquid medication to treat the symptoms of heartburn and indigestion. The prescribers instructions recorded this should be administered four times a day. The MAR form showed on 16 consecutive days that this medication was only administered twice daily. No rationale was available to

account for this. Where a specific code was used on the MAR form and an explanation for the medication being omitted was required, this was not always recorded to provide clarification. Where people required a once weekly medication, the instruction on the MAR form stated this was not to be given at the same time as other prescribed medications. Staff did not follow this instruction and the MAR form showed it was given at the same time as other medications at 08.00 a.m. The team leader confirmed this as accurate.

Suitable arrangements were not in place to ensure all staff that administered medication were trained and competent to undertake this task safely. The 'relief' manager told us it was the registered provider's expectation that staff complete comprehensive medication training relating to the Monitored Dosage System [MDS] and both the foundation and advanced 'Care of Medicines' knowledge test; and an annual competency assessment. Out of seven members of staff who administered medication at the service, only three had evidence to show they had completed all of the above training and only two members of staff had had their competency assessed within the last 12 months.

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

Staff recruitment records for four members of staff appointed since our last inspection in January 2017 were viewed and showed that not all relevant records as required by regulation were in place. References received for one member of staff were not from their most recent employer. A recent photograph had not been sought for any of the new staff employed. The Disclosure and Barring Service [DBS] certificate for one member of staff was received after they commenced in post and had not been risk assessed. There was no evidence of a DBS certificate for three members of staff.

During the inspection we observed a member of staff assisting people to mobilise and to eat and drink, however some aspects of their practice required improvement. When we discussed this with the 'relief' manager they told us this person was on placement at the service. No file was available for this person. The service regularly used agency staff via an external employment agency. No profiles confirming relevant checks relating to their employment were evident for three out of four agency staff members. This meant the provider had not assured themselves that all checks by the external agency were completed and satisfactory.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of staff employed at the service had received safeguarding training; but three new members of staff employed between November 2017, December 2017 and the beginning of January 2018 had yet to undertake this training. Staff demonstrated an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a member of the management team or senior member of staff. Not all staff spoken with were confident the registered manager would act appropriately on people's behalf and concerns were expressed. Although not all staff were confident, staff told us they would not hesitate to report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the management team or provider were not receptive or responsive.

Prior to the inspection we reviewed the service's safeguarding information that had been forwarded to the Care Quality Commission as required by regulation. We found there was a discrepancy between the number of safeguarding concerns recorded at the service and those forwarded and reported to us. There was no evidence available to show that four safeguarding concerns dated September 2017, November 2017,

December 2017 and January 2018 had been forwarded to the Care Quality Commission. There was a lack of evidence to show all actions taken to safeguard a person had been completed as stated. For example, one action recorded a member of staff having completed additional safeguarding and dignity in care training, but when we reviewed the training matrix these had not been updated. Furthermore, there was no information available to show how the member of staff's practice and conduct was being monitored.

Not all risks had been identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This meant risks to people were not consistently identified and information about risks and safety were not as comprehensive, accurate or up-to-date as they should be. Risks for two people were not identified, despite both people being at nutritional risk, having poor mobility, at risk of falls and described as having general frailty. Although some care plans made reference to people being at risk of developing pressure ulcers, being at nutritional and hydration risk and at risk of falls, specific guidance on the actions the service should take to minimise these were not recorded in order to mitigate future risk. Where risks were identified these had not always been reviewed and updated. The records for one person showed their risk assessments had not been reviewed since July 2017. We discussed this with the 'relief' manager and acting head of care. They told us they were aware that improvements were required and were doing their utmost to address these.

We recommend that the service seek support and training about how risks to people are assessed, recorded and mitigated to ensure their safety and wellbeing.

People's and relative's comments about staffing levels at the service were variable. People told us that sometimes they had to wait for care and support to be provided by staff when they used their call bell. One person told us, "Sometimes you do have to wait a while for the call bell to be answered, but then they [staff] are so busy." Relatives told us they did not always feel there was enough staff on duty to meet people's needs. One relative stated, "I do feel at times there is not enough staff on duty here, they could do with a staff member covering each floor. I do notice there is not enough staff around to answer the call bells if they are ringing." Another relative told us, "I must say there are not always enough staff on duty and [name of relative] has to wait for the call bell to be answered if something is required." Staff's comments about staffing levels at the service were also variable but few could provide evidence of how this impacted on people using the service.

Our observations on day one of the inspection showed the deployment of staff was not always suitable to meet people's care and support needs in a timely manner. During the afternoon whilst the majority of staff attended a staff meeting and although suitable arrangements had been made to ensure there were staff available to meet people's needs and respond to call bells, people were left in the main communal lounge for up to 15 to 20 minutes without a member of staff being present. The call bells on two occasions were not responded to for up to eight minutes. We noted that people who remained in their bedroom were visited by staff during the day; however staff did not spend any quality time with them and the majority of interactions centred on tasks.

We recommend that the service review the deployment of staff within the service to ensure it meets people's care and support needs.

Appropriate arrangements were not as robust they should be to review and investigate events and incidents and to learn from these. For example, two medication errors in February 2017 and one medication error in May 2017 resulted in three people receiving too much medication. These were not thoroughly investigated as there was a lack of information to show lessons learned and the appropriate action taken to improve safety for people using the service. Additionally, the service's communication book for staff in January 2018

recorded more care was to be taken when providing manual handling support for one person as bruising to their body had been noted. No information was available to show this had been investigated and there was no evidence of learning from this or action taken to improve the person's safety. We discussed this with the 'relief' manager and they told us they were unaware of the entry recorded within the communication book. An assurance was provided that this would be looked into following the inspection.

Environmental risks for the service were viewed, particularly those relating to the service's fire arrangements. Specific information relating to people's individual Personal Emergency Evacuation Plans (PEEP) were completed and in place. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. The provider demonstrated an awareness of their legal duties with respect to fire safety and confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. A fire risk assessment was unavailable at the time of the inspection. We requested a copy of the fire risk assessment to be forwarded to the Care Quality Commission; but at the time of writing this report this had yet to be provided.

We asked people whether they felt safe living at the service. People told us staff looked after them well and they had no anxieties or worries. One person told us, "Oh yes I feel very safe, I just do." Another person told us, "I feel safe here, if I did not I would speak with the Chaplain and they would help me." Others confirmed that staff were always around if they needed help. One relative told us, "I feel [name of relative] is very safe here. I looked at two homes before they [relative] came here, and liked this one the best." Other relatives confirmed their member of family was safe and they had no concerns.

People were protected by the provider's prevention and control of infection arrangements. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

Requires Improvement

Is the service effective?

Our findings

The management team confirmed that training for staff was primarily provided through the use of an on-line system, DVD and workbook. Although the 'relief' manager and acting head of care understood the importance of staff receiving appropriate training and development, suitable arrangements were not in place to ensure this was up-to-date and staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. For example, no records were available to confirm that 10 members of staff, including both care and ancillary staff had received practical manual handling training.

Four staff newly employed between 20 November 2017 and 2 January 2018 had little evidence of training undertaken since being employed at Bradbury Home. Whilst their application form confirmed they had previous experience working within a care setting, three out of four had no evidence to support training attained from their previous employer. The staff training matrix was not up-to-date as it did not include all staff employed at the service.

Our observations showed that staff in the main effectively applied their learning. However, during the inspection not all staff's practice relating to moving and handling was appropriate and improvements were required. We observed two occasions whereby staff placed their hands under people's armpits when assisting them to mobilise. This technique is unsafe, can hurt and cause injury because the person's armpits have too much pressure on them. Not all staff appeared to recognise that their practice in relation to interactions, exchanges and communication with people using the service, particularly for people living with dementia were primarily routine and task led. This referred specifically to the provision of drinks, supporting people to eat their meals and assisting people with their personal care and comfort needs.

The management team told us all newly employed staff received a comprehensive induction. This consisted of an induction pack comprising of an 'orientation' induction and alignment with the 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. No evidence was available to demonstrate newly employed staff had received an induction. We discussed this with the acting head of care and they confirmed only one out of four members of staff had commenced the provider's induction programme. Where staff had been promoted to a more senior role, they had not received a comprehensive induction for their new designated role. Additionally, there was no evidence available to show that agency staff deployed to the service had received an 'orientation' induction when they first commenced their shift at Bradbury Home.

Not all staff spoken with felt they were supported by the registered manager or the organisation. Records available showed not all staff had received regular supervision or an annual appraisal of their overall performance.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Peoples' comments about the quality of the meals provided were mostly positive. One person told us, "The food is very good and you can choose each day what you would like." Another person told us, "I enjoy the food here as it is cooked nicely." A relative told us, "[Relative] never shows signs they are hungry. When I visit people seem to be enjoying their food."

The service used an external company to provide a range of ready-made frozen meals that are reheated. People were supported to make daily choices from the menu options provided and received food in sufficient quantities. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort of their room.

Where people required assistance and support from staff to eat and drink, improvements were required as staff did not always communicate with the person they supported. We observed on two occasions staff sitting with people; however throughout the meal the staff member did not talk to the person being supported. People were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. Hot and cold drinks and snacks were readily available throughout the day and these were routinely offered to people.

People lived in a safe and well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included personal possessions and photographs. People had access to comfortable communal facilities, comprising of a large lounge on each floor and separate dining areas. Adaptations and equipment were in place in order to meet peoples assessed needs.

People told us their healthcare needs were well managed. Relatives confirmed they were kept informed of their family member's healthcare needs and the outcome of any appointments. People's needs relating to their health were recorded and included evidence of staff interventions and the outcomes of healthcare appointments. One person told us, "If I am not well, I can see a doctor, one comes in regularly." One relative told us, "[Relative] healthcare needs are taken into account. [Relative] had been in hospital before coming here [Bradbury Home]. [Relative's] healthcare needs are met and their time in hospital have become less and less."

The Mental Capacity Act [MCA] 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to demonstrate a good knowledge and understanding of the MCA and DoLS and what this meant. People using the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason why it was in the person's best interests had been assessed and recorded. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the Care Quality Commission had been notified.

We were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us that staff cared for people in a considerate and kind way. One person told us, "The staff are kind and caring." Another person told us, "The care I get is very good." This meant that people were generally satisfied and happy with the care and support they received from staff. Relatives confirmed they were happy with the care and support provided for their family member. A relative told us, "I am more than happy with the care and support [relative] receives."

Although people's comments about the care provided were positive, we found staff were more focused on tasks and some of the support provided was inconsistent and not always respectful. For example, as already stated communal lounge areas were left without a member of staff being present and the majority of interactions by staff with people using the service, were centred on tasks, such as providing mid-morning and mid-afternoon refreshments, assisting people to the dining room for meals and when providing personal care to meet people's comfort needs.

We observed two members of staff on separate occasions sitting within the main communal lounge. Both members of staff took no notice of the people around them; one member of staff was noted to use their mobile phone and the other member of staff sat down and read the newspaper until being asked by a colleague 10 minutes later to assist them. People confirmed that staff did not always sit and talk with them for a meaningful length of time. One person told us, "Staff are very kind, but often say I won't be able to stay and talk, we are too busy." Another person told us, "Staff do not really talk to you much."

Staff confirmed that no one at the time of the inspection required specific technology or communication aids to help them to communicate. However, staff understood people's different communication needs and how to communicate with them. One relative advised that as a result of their member of family having a sensory impairment that affected their ability to hear properly, staff wrote things down as a way of communicating with the person.

People said their personal care and support was provided in a way that maintained their privacy and dignity. People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without and/or limited staff support. One person told us that staff encouraged them to remain as independent as possible. They told us, "I don't need much support from staff. I can wash and dress independently". Staff understood and respected people's right to confidentiality, such as ensuring where appropriate, people received their mail unopened.

People were supported in making decisions about the care and support to be provided. However, there was a lack of evidence to show that, where appropriate, people had signed their care plan to acknowledge and agree its content. We asked people if they were aware of their care plan and the information contained within the document. One person told us, "Care plan, what is that." A second person stated, "I don't think so, maybe my relative has seen it." A relative told us, "I have been involved in [relative's] care plan some time

ago, but not recently, however if there were any changes, I would speak to someone." The 'relief' manager confirmed that currently no-one had an independent advocate assigned. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. One visitor told us, "We can visit any time and have a meal." Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Requires Improvement

Is the service responsive?

Our findings

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. Recommendations and referrals to the service were made through the Local Authority. The Local Authority completed an initial assessment and together with the service's assessment; this was used to inform the person's care plan. This ensured that the service was able to meet the person's needs and provide sufficient information to inform the person's initial care plan.

However, subsequent care plans developed from these assessments did not fully reflect people's holistic care and support needs or provide sufficient guidance for staff as to how these were to be met. Others were not as fully reflective or accurate. Improvements were needed to ensure care plans included information relating to their specific care needs and the support to be provided by staff. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. The care records for one person recorded them as having developed a grade three pressure ulcer. The person's skin integrity care plan had not been updated since July 2017 to reflect the pressure ulcer and the treatment to be provided by care staff and healthcare professionals. Although the above was highlighted, we did not find or observe any impact on people's care during our inspection as a result of not having care planning documentation in place.

Although none of the care files viewed recorded people's social care needs and how these were to be met by staff, people told us they could spend their time as they wished and wanted. People were very positive and complimentary about the person responsible for providing social activities and the chaplain. One person told us, "I can join in things here, but like to stay in my room. Often the activity lady will ask me to join in something, which I do." Another person told us, "It is nice when we go up for prayers and we not only sing hymns but talk to each other, the chaplain gets us into conversation."

Arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. This included meeting people's religious and spiritual needs. A person responsible for undertaking activities with people living at Bradbury Home was employed for 30 hours per week and this was flexible to cover weekends. Additionally, a chaplain visited the service three days a week. During the inspection people were observed to have manicures, to have a foot massage, to participate in a quiz and to enjoy a sing-a-long. The person responsible for activities confirmed people were given the opportunity to access the local community and told us recently four people had visited an art gallery, went shopping and visited a local park.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Records showed that since January 2017 there had been three complaints, the last one being in August 2017. Information relating to each complaint was available detailing the specific nature of the complaint, investigation undertaken and outcome. Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns. One person told us, "Yes, I would know how to complain. I would go

straight to the top, but no need to yet." Two relatives told us they knew how to make a complaint and would not hesitate to do so if the need should arise.

Although no one living at the service was receiving end of life care, the 'relief' manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The 'relief' manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary. The Provider Information Return told us palliative care training for staff was planned at the end of January 2018. In addition to this, the provider is due to implement 'The Six Steps for End of Life Care' across all of its services in line with Skills for Care and national end of life strategies.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post. Prior to our inspection we received a statutory notification advising us of the registered manager's absence from the service. At the time of the inspection the service was being managed on a day-to-day basis by a 'relief' home manager and acting head of care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked the 'relief' manager and acting head of care about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided. The 'relief' manager confirmed that a weekly report was sent to the organisation's head office and in addition to this a representative of the organisation completed a monthly provider report. The acting head of care confirmed that other than the monthly provider report, all other quality assurance arrangements were divided between themselves and the 'relief' manager to complete.

The quality assurance reports showed information had been used to identify areas for improvement; however an analysis of the information was not always completed to identify potential trends. Where areas for corrective action were highlighted and required, an action plan had not at all times been compiled to evidence the steps taken to address these areas. This lapse in process had led to the shortfalls identified as part of this inspection.

Progress had not been made in relation to medicines management following our inspection to the service in January 2017 and continued improvements were still required. Quality assurance arrangements had not collated and reviewed information relating to the incidence of accidents and incidents that had occurred or other data relating to people using the service. An accurate record of each person, including a record of the care and support provided had not been maintained. People's care plans required review as these did not reflect all of a person's current needs and the care and support to be provided by staff. Risks to people and the actions taken to reduce these risks required further development. Concerns were not consistently identified to monitor potential risks relating to people's safety or wellbeing and to ensure lessons were learned for the future. A more robust process was required for the recruitment of staff employed at the service and to ensure staff received up-dated training in key areas. Quality assurance arrangements had not ensured staff newly employed and agency staff deployed to the service had received an induction or that staff employed had received formal supervision and an annual appraisal of their overall performance.

While the registered provider's vision and values were recorded within the service's Statement of Purpose, staff were not able to demonstrate a good understanding of these or where these were recorded. Staff confirmed the service's vision and values were not routinely discussed to ensure staffs understanding and practice was monitored against these.

Where providers under the Health and Social Care Act 2008 must notify us of all incidents that affect the

health, safety and welfare of people who use services, the Care Quality Commission had not always been notified, for example, in relation to all safeguarding concerns and more significant medication incidents.

Not all people living at Bradbury Home knew who the registered manager was or could identify them by their name. Others told us they were aware that the registered manager had not been at the service for some time, but were not fully aware of the current management team arrangements. One person told us, "We did have a manager but she has not been here for some time. The people here in charge at the moment are friendly but do not see them around much." Another person told us, "Not sure who is the manager here at the moment." People told us they could speak openly with staff, they could tell us staff's names and spoke about some of them with genuine warmth and friendliness. Staff's comments were variable about the registered manager's and current management team's accessibility and visibility and not all staff felt supported or thought the service was well managed.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Though quality monitoring arrangements at the service required improvement, checks of equipment and utilities were being undertaken at regular intervals. There were policies and procedures in place to provide guidance to staff and staff knew where these were located.

Arrangements were in place for seeking the views of people using the service, their families and healthcare professionals. The results of these told us that people using the service were happy and satisfied with the overall quality of the service provided. Recorded comments were, 'I enjoy everything the home offers' and, 'The most enjoyable part of living here [Bradbury Home] is the spiritual services, feeling safe and peace. I like having someone to look after me and the company.'

People benefitted from the service's collaborative approach to joint working with other organisations. The service worked in partnership with Local Authorities and Clinical Commissioning Groups when placing people, meeting their needs and reviewing their care. Staff employed at the service worked alongside healthcare professionals to meet people's healthcare needs. The organisation also worked with external employment agencies.

Staff meetings had been held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they found these to be valuable.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Improvements were required to ensure effective recruitment and selection procedures for staff were in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider must ensure staff employed at the service receive appropriate training, induction, supervision and appraisal to enable them to carry out their role effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the provider's management of medicines.

The enforcement action we took:

Warning Notice Served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements were required in relation to the provider's quality and assurance processes to ensure these are operated effectively to guarantee compliance.

The enforcement action we took:

Warning Notice Served