

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?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

We carried out a comprehensive unannounced inspection of this service on 14 April 2015. The service was previously inspected on 21 January 2014. There were no outstanding breaches of legal requirements from the last inspection that we needed to follow up.

Bradley House is a nursing home providing personal care and accommodation for up to 34 people, the majority of whom live with dementia. On the day of our inspection there were 31 people residing at Bradley House.

One of the providers is also the registered manager. A registered manager is a person who has registered with

# Summary of findings

the Care Quality Commission to manage a 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 (Regulated Activities) Regulations 2014 about how the service is run.

The manager understood their role and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the importance of maintaining peoples' rights. There was no evidence in people's care plans that capacity assessments had been undertaken. We saw best interest documents in some people's care plans but these were not complete.

The recruitment records showed that staff were not employed within the home until essential safety checks such as a Disclosure and Barring Service check (DBS) had been satisfactorily completed. This was to ensure they were safe to work in the home and were not barred from working with vulnerable people.

A range of training was provided to staff to ensure they were able to safely carry out their roles. We found staff had completed training in relation to safeguarding people from abuse. This provided staff with the skills and knowledge to recognise and respond to safeguarding concerns. There were no records to show staff supervision was taking place. **We have made a recommendation about formalising and recording staff supervision.**

On the day of the inspection there were enough staff on duty to meet people's needs safely. We observed that support was provided in a sensitive way and people were not rushed. We saw staff contacted GPs when they had concerns about peoples' health and a record was made of any advice given.

People's medicines were securely stored and there were systems in place to ensure medicines were administered safely.

People and their relatives told us they were happy with the care provided at Bradley House and that staff were attentive, kind and respectful. Comments included: "I would thoroughly recommend it to anyone. [My relative] has really settled here it has been the best thing for him." "I can't praise them enough it has made such a difference to him." "They [staff] are really good with [my relative]." "Staff are well trained." "Very caring and very friendly." One relative told us they thought that staff were "Sufficient in number".

The provider worked with other professionals to make sure people received the support they required to meet their changing needs. Records showed that people had access to health and social care professionals such as social workers, GP, chiropodists, dieticians and speech and language therapists to meet their specific needs.

We found that care plans did not always show that people and/or their relatives had been involved in developing the care plans.

The people we spoke with told us that they would "tell the staff" if they had any concerns and that they would feel confident staff would act on their concerns.

We found there were some audits taking place to assess the quality of the service that was provided. However, areas such as accidents and incidents and the environment were not being audited to identify areas of concern or improvement.

We found breaches of the regulations relating to systems to monitor the quality of the service, cleanliness and records. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

The arrangements in place for keeping the home clean and odour free had not been maintained. The decoration in some areas of the building was in need of updating.

There were personal emergency evacuation procedures in place for use in the event of an emergency such as a failure in the gas or electricity supply or fire. Medicines were appropriately stored and the medication system was managed safely.

**Requires Improvement**



### Is the service effective?

Some aspects of the service were not effective.

Staff understood how to help people make day-to-day decisions and was aware of their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

The registered manager had developed a system of recording DoLS applications and was in the process of making applications with the local authority. Individual assessments to establish people's mental capacity where necessary had not consistently taken place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

**Requires Improvement**



### Is the service caring?

The service was caring.

People and/or their relatives told us that staff were kind and caring and respected dignity. We observed positive interactions between staff and the people they cared for.

We saw needs outlined in some people's care plans did not reflect the support given by staff.

We saw people's preferences, likes and dislikes had not always been recorded to enable staff to deliver personalised care.

**Good**



### Is the service responsive?

Some aspects of the service were not responsive.

The care plans varied in the level of information recorded and we saw some areas had not been completed. We saw people's preferences, likes and dislikes had not always been recorded to enable staff to deliver personalised care.

**Requires Improvement**



# Summary of findings

There was a complaints procedure that was displayed in the hallway and accessible to people who lived at the home and/or their relatives.

There was a process in place to respond to concerns and complaints.

## Is the service well-led?

Some aspects of the service were not well led.

The provider did not have robust auditing systems in place to effectively monitor the service.

Trends in relation to accidents and incidents were not analysed to minimise the risks of such incidents reoccurring.

Staff did not receive regular supervision or an annual appraisal. **We recommend that the provider seek support and advice about formalising and recording staff supervision.**

**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 was carried out by two inspectors a specialist advisor in diet and nutrition and an expert by experience.

An expert-by-experience is a person who has personal experience of using services or caring for someone who uses this type of care service. The expert by experience on this occasion had a experience in nutrition and experience in caring for older people, particularly those living with dementia.

The majority of people who lived at Bradley house had complex needs associated with dementia or memory related conditions. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Before the inspection, we looked at notifications and any other information we had received since the last inspection. A notification is the way a provider send us information about any significant events that happen in the service and is required by law. We also contacted health and social care professionals, for example, general practitioners, dieticians, the Clinical Commissioning Group (CCG), the Community Mental Health Team (CMHT) and the local authority commissioners of the service, to ask for their views about the care provided to people at Bradley House.

During the inspection we spoke with ten people who lived at the home, five people's relatives, the registered manager/owner, the director, the cook, eight members of care staff and the office manager. We looked at records including; eight people's care plans, five people's medication administration records, three recruitment files of the most recently appointed staff and staff training records. We looked at a selection of documentation relating to the management and running of the service. This included servicing and maintenance records, such as the fire and emergency lighting systems, gas safety certificate and electrical installation certificate.

A Provider Information Return (PIR) had not been requested before this inspection. This is a form that asks the provider to give some key information about the service.

# Is the service safe?

## Our findings

There were policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. We saw that staff had received training in relation to safeguarding vulnerable adults from abuse and were confident they would be able to identify and report any abuse or poor practice. We spoke with the registered manager and they described the process of referring a safeguarding concern to the local authority.

There were systems in place to keep people safe in the event of an emergency. Personal emergency evacuation plans (PEEP) were in place to identify what support each person would need to evacuate the building safely in the event of an emergency. Fire equipment such as fire alarms and emergency lighting were regularly checked to ensure they were working properly and fire doors and emergency exits were clearly signed and clear from obstructions.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw medicines were stored in a metal trolley that was locked when not in use. There were appropriate procedures in place for the storage and recording of controlled medicines.

The majority of medicine was administered from a biodose system with others supplied in tubes, inhalers, boxes or bottles. Medicine administration records were signed as soon as the person had taken their medicine. The registered nurse (RMN) was responsible for administering medicines. We observed a medication round and saw there were good interactions between the nurse and the people she cared for. The nurse explained to each person about their medicine before administering and it was done discreetly.

We saw the medication administration records (MAR) contained a photograph of the person to minimise the risks of medication errors. We saw that MAR charts had been completed appropriately. Medicines that required cold storage were in a refrigerator and a daily record of the temperatures was taken. This meant there was a safe system in place for managing medicines.

We saw a malnutrition universal screening tool (MUST) was used to identify people at risk of poor nutritional intake/weight loss. There was evidence to show that the nursing staff had received training in use of the tool and were

confident in using it. MUST tools were seen in all care plans viewed and were correctly completed. We saw where people were deemed to be at high risk they had been referred to the dietician.

We did find there were some gaps in care plans where weights had not been recorded. For example: one person had not been weighed between November 2014 and January 2015 and had lost 4kg in that period. People were usually weighed on a monthly basis but where there was a reason recorded for the weights not being done there was no evidence to show any other attempts had been made to weigh the person until the next month. This delay in referring the person to a dietician has the potential to place people at risk. This demonstrated that care plans were not being audited effectively.

This was a breach of Regulation 17 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

We saw wall mounted soap dispensers and paper towels throughout the building. Sanitising hand gels were available and there were posters detailing good hand washing techniques above wash basins and in bathrooms. We observed that staff used personal protective equipment (PPE) such as; gloves and aprons when supporting people with personal care. We saw wall mounted dispensers with good stocks of gloves and aprons available on each floor. We spoke with staff who told us PPE were always available.

Contract cleaners were employed Monday to Sunday mornings and outside of these times care staff dealt with any spills or other cleaning tasks. We found some areas of the building were not clean and there was an unpleasant stale odour throughout the ground floor area. It was evident that steps had been taken to minimise the odour by fitting wall mounted air fresheners but it was still present.

Some of the soft furnishing and carpets were stained and in need of deep cleaning. For example; there was a urine stain present on one of the cushions in the downstairs lounge. We saw there were food splashes on the walls and food particles dried into the skirting boards in the ground floor dining room. It was evident that these were not recent spills and were brought to the attention of the registered manager during the inspection. We observed the

## Is the service safe?

environment in some areas looked in need of refurbishment. For example in one of the lounges we saw the wallpaper was torn and other areas of the building were in need of redecoration.

This was a breach of Regulation 15 (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

We looked at a sample of three staff recruitment files and saw there were safe recruitment procedures in place. All new staff were required to have a Disclosure and Barring Service check (DBS) before starting work. This check makes sure potential staff were not barred from working with vulnerable people. Any new staff were also required to provide proof of identity before starting work.

A check was made with the Nursing and Midwifery Council (NMC) to ensure nurses maintained their registration to practice. The records we saw included expiry dates for nurses' registration.

We found there was enough staff on duty to meet the needs of the people living at the home. On the day of the inspection there were seven care workers, the clinical lead who is an RMN (Mental Health Nurse), a cook, a catering assistant, an activities organiser, a maintenance person, a laundry assistant, an office manager, the registered manager and director.

We saw that accidents and incidents were recorded but there were no auditing systems in place to identify if there were patterns relating to accidents and incidents or what action may be required to minimise risk. Auditing would enable the provider to identify why an accident or incident occurred and improve their overall management of health and safety.

# Is the service effective?

## Our findings

It was clear from our observations and in discussions with staff that they knew the people they cared for well and were aware of their needs. Staff were able to tell us about people's individual needs and this corresponded with the information found in care plans.

One person's relative told us that staff would always call for a doctor if their relative needed one. Comments included: "They [staff] will ring for the doctor and then let us know what the doctor said."

We spoke with a visiting GP who told us: "The care [at Bradley house] is good, the staff are very nice." "They [staff] call us out in a timely manner if needed." "I have no concerns about the care our patients receive here." "Some people have a high level of need and can resist care they [staff] manage this very well."

A community psychiatric nurse (CPN) was visiting the home they told us: "Bradley house take people in later stages of dementia which they are able to manage well. This is because there is continuity of staff who work really well together. The manager is good." "They [staff] are very good here, they manage high level need well, care is good and staff know people and are responsive to their needs. They don't refer to us that often as they manage behaviours very well."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager was aware of the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to make particular decisions were protected.

There were six people living at Bradley House who had DoLS authorised by the supervisory body and further applications had been submitted. We saw best interest paperwork in some people's care plans but these were not completed. This was discussed with the registered

manager who told us they were in the process of carrying out capacity assessments. The registered manager had developed a calendar to record when DoLS applications had been made and when they were completed.

There was a training plan that showed staff had attended training in relation to safe working practices. These included areas such as fire awareness, first aid, and food hygiene, moving and handling and safeguarding adults. All of the staff had achieved National Vocational Qualifications (NVQ) to level 2 or 3. In addition the majority of staff had completed training on understanding dementia.

We spent time speaking with the cook who was aware of people's individual dietary needs and demonstrated a good understanding and knowledge of special diets, including fortified diets.

We saw some people needed texture modified (TM soft or pureed) food and thickened drinks. It was clear from discussions with staff that they were aware of people's dietary needs. There was no written documentation in the kitchen for catering or care staff to define texture of the TM meals needed by people. The cook told us they had been advised by the person's dietician about the texture of meals. We discussed this with the registered manager who told us they would ensure written documentation about the various textures of food was provided to the cook.

We saw where a TM (soft or pureed) meal had been provided staff were observed mixing the food together before offering it to the person. This meant the person was not given the opportunity to experience the different flavours in the meal.

The main meal of the day was served in the evening and a lighter meal of soup and sandwiches was served at lunchtime. Staff told us this was flexible and people could have their meals when they wanted. We found menus were based on a 4 weekly cycle. There was a good mix of different meats, chicken and fish dishes provided.

We did not see any menus displayed in the dining rooms. The menu in the kitchen had one choice of meal but the cook told us staff knew what people liked and would request an alternative meal if it was required.

There was evidence that meals were discussed with people who lived at the home and reviewed depending on the feedback. For example: liver and onions had recently been replaced with shepherd's pie.

## Is the service effective?

We spoke with people about the meals provided at the home. Comments included: "It's alright in here- you get well fed." The staff we spoke with had a good knowledge of people's individual nutritional needs and food / drink preferences.

The staff we spoke with during the inspection told us the registered manager and directors were very supportive and provided advice and direction when they requested it. We did not see any documentary evidence that formal supervision or staff appraisals were being carried out.

# Is the service caring?

## Our findings

The majority of people residing at Bradley house live with dementia. The people who were able to comment told us that staff were very caring and considerate.

During our visit we spoke with ten people who lived at the home and five people's relatives. Relatives we spoke with confirmed that they had been involved in the care planning process. One relative told us: "They involve me in [my relatives] care planning."

The relatives we spoke with told us they were kept informed by the staff about their family member's health and any GP visits. Comments included: "They let us know if the doctor comes to see [my relative]."

All of the relatives we spoke with expressed positive comments about the care provided. One person's relative told us: "They [staff] are very caring." "I have nothing to complain about." Another relative told us: "They [staff] have improved [my relative's] independence; they are more mobile and interacting more with other people." "It has been the best thing for [my relative]."

The staff we spoke with were able to tell us about people's individual needs and the level of support they needed. We spent time observing the interactions between staff and the people they cared for. People who were able to walk were seen moving around the house freely and were not prompted to remain sat in the lounges. We saw that where people became distressed, restless or agitated, staff were able to diffuse situations quickly and efficiently by redirecting people.

We saw staff had good relationships with people and responded to their requests in a positive way. We saw that staff approached people with respect. For example by using the person's preferred name and supporting people to do as much for themselves as possible. We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

The staff we spoke with told us how they worked to maintain people's privacy and dignity. For example they made sure doors were closed when helping people with personal care and knocked on doors before entering.

We observed one person who did not want their lunch at lunchtime. The person had their meal later and was supported by staff to eat their meal.

After the inspection we spoke with the NVQ training provider. The training provider carries out observations of staff practice as part of the NVQ qualification. They told us: "I have been assessing staff at Bradley House for approximately 4 years and have many examples of good practice." "The staff know the [people who live at the home] inside and out." "I have never been let down by an observation." "I once saw a person served a full cooked breakfast which they began to eat with their hands. The person was clearly enjoying the meal and ate it all. When I questioned not providing cutlery the member of staff was able to give a detailed explanation. Their knowledge of the person and their preferences was exceptional." "I think the care is really good."

We spoke with a representative from the Clinical Commissioning Group (CCG). They told us the care provided by the staff was good and that staff had a caring approach. We were told that television programmes and the style of music played were appropriate for the people who lived at the home.

People were encouraged to participate in everyday activities such as choosing what to wear. The majority of people who lived at Bradley house looked well groomed but we did see that some people had food stains on their clothing and their hair looked as though it had not been combed. We discussed this with the registered manager and they told us some people become agitated when staff prompted them to change and this has to be approached in a sensitive way and when the person is ready.

# Is the service responsive?

## Our findings

We spoke with people who lived at the home and/or their relatives who told us they were happy with the care and support they received.

People told us that their health needs were met and they had visits from health professionals as and when needed. On the morning of our inspection staff had identified that one person looked unwell. The GP was asked to visit and the person was attended to in a caring and considerate way by staff. We spoke with the GP before they left the home and they told us: “They [staff] call us in a timely manner and I have no concerns about the care of our patients.” “They [staff] are very nice.”

The visiting professionals we spoke with during and after the inspection described the home as very supportive to people and said they found the staff to be kind and caring.

The relatives we spoke with told us that staff contacted the GP quickly if a person was not feeling well. Care plans showed that staff liaised with relevant health professionals such as GPs and district nurses. We saw care plans contained records of visits from GPs, dieticians, psychiatrists, speech and language therapists, the falls team, chiropodists and opticians. This demonstrated that people were supported to maintain good health.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. We saw a copy of the complaints process displayed in the hallway and a record of complaints and compliments was kept. We asked people if they knew how to complain if they had any concerns. People and/or their relatives told us: “I have no concerns at all but if I did I would speak to [the manager].”

We observed 10 people involved in an exercise session with the activities organiser in the morning. This involved people throwing and catching a balloon encouraging them

to exercise their arms with the music. There was discussion and laughter during the activity and people were enjoying the game. After lunch four people went into the garden with the activities organiser for a walk.

The activities organiser told us there were a range of activities including; exercise classes, pizza making, and trips out, football and garden games. In the nice weather people were encouraged to enjoy their meals in the garden if they wanted to. In addition people had helped to plant spring flower baskets.

The activities organiser told us they worked five days a week and left suggestions for activities staff could facilitate at the weekend. The people we spoke with told us: “She [name] is excellent” “She [name] is very good, I am very impressed by her.” One person’s relative told us they had been asked about their relatives’ interests and these had been recorded.

We looked at a sample of five care plans and saw that they were not person centred and they varied in the level of information recorded. We found some sections contained in the care plans had not been completed. For example in one person’s care plan consent forms had not been signed in another the section for likes/dislikes and social interests had not been completed. We saw a bed rail risk assessment dated 7/12/14 in one person’s care plan. This had not been signed and there were no best interest decisions or capacity assessments underpinning the decision to use bed rails. We saw in one care plan a short term plan was in place for a period of illness. This plan was no longer relevant and should have been archived.

This was a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw forms in one care plan detailing person’s wishes in relation to resuscitation in the event of a healthcare emergency (referred to as do not attempt cardiopulmonary resuscitation or DNACPR). The DNACPR forms seen had been completed appropriately.

# Is the service well-led?

## Our findings

The leadership was visible and through our observations we saw the registered manager was well known to the people who lived in the home. We spoke with people who lived at the home, their relatives and staff we asked them if they felt the home was well run. Comments included; “The owners are very approachable.” “The owners do a good job.” “I can’t fault them.” We spoke with health and social care professionals who told us: “The staff group respect the manager who is hands on.” “The leadership within the home is very apparent.” “I have always found the manager supportive of staff training.”

We spoke with the registered manager about how they supported staff and found formal supervision and appraisals were not taking place. The registered manager told us they used the staff meetings as supervision for staff. Supervision and appraisal give staff the opportunity to discuss issues such as; progress in their role, specific learning and development needs and any issues or concerns relating to the people they cared for. **We recommend that the provider seek support and advice about formalising and recording staff supervision.**

The provider had a system to gather people’s views about the quality of the care and support they received. This was in the form of an annual quality assurance questionnaire which was sent out to people who lived at the home and/or their relatives, staff and visiting professionals. The results of the survey were generally positive. There were no systems and processes had not been developed to show how and if

areas for improvement had been addressed. This was discussed with the registered manager who told us they considered all comments and took action when suggestions to improve the service had been made.

We saw some areas of the service had no auditing system in place to evaluate areas such as; food and fluids charts, care plans and the environment. There were no systems in place to analyse accident and incident reports in order to identify trends and minimise the risk of reoccurrences. We found records were not always accurate and up to date. For example monitoring forms for people’s food and fluid intake were not always correctly completed. We saw care plans identified one person’s need for support at mealtimes but saw the person eating unaided so it was not clear if the person’s needs had changed. Consent forms were seen in care plans but were not completed. We saw food and fluid charts were available and were well designed. We saw the charts were not being completed consistently for some people who were assessed as high risk in relation to nutrition. Where fluid charts had been completed they were confusing, did not provide a daily total or record the person’s required fluid intake.

We saw the dietician had changed the recommended supplements for one person during a visit in February 2015 but the information had not been updated in the care plan. This had the potential to place people at risk.

We discussed the inconsistency in quality monitoring with the registered manager who recognised the need to carry out regular audits.

This was a breach of Regulation 17 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Not all records were completed fully. Some people's care plans lacked detail in relation to their care and treatment. This posed a risk to people's individual needs not being met effectively.

Regulation 9 (3) (b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider had not taken steps to ensure that appropriate standards of cleanliness and hygiene were being maintained.

Regulation 15 (1) (a) (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system to regularly audit, assess and monitor the quality of the service provided.

Regulation 17 (1) (2) (a) (b) (f)