

Mr David James Johnson & Mrs Brenda Eileen Johnson

# Bradfield Residential Home

## Inspection report

Hawksdown Road  
Walmer  
Deal  
Kent  
CT14 7PW

Tel: 01304 360960

Website: [www.bradfieldresidentialhome.co.uk](http://www.bradfieldresidentialhome.co.uk)

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### Ratings

#### Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Outstanding



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



### Overall summary

The inspection visit was carried out on 22 October 2015 and was unannounced.

Bradfield Residential Home is a large detached property in a quiet residential area of Walmer near Deal. It is a privately owned family run service and provides care and support for up to 32 older people, some of whom are living with dementia. There were 29 people living at the service when we visited. Extensive communal spaces are available in the service for people to meet with friends or

family or carry out activities. A passenger lift is available for access to the two upper floors. All but two of the rooms have en-suite toilet and shower facilities. A secure garden is available for people to use throughout the year; some bedrooms have their own access to the garden.

There was a registered manager working at the service. 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'.

# Summary of findings

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. The registered manager was also one of the owners/providers. The registered manager was in the process of handing over the responsibility of managing the service to their daughter and her partner. At the time of the inspection the provider's daughter and her partner were both managing the service together and were going to apply to the Care Quality Commission (CQC) to become the joint registered managers. The managers did not work from an office so were available around the service to everyone, they chatted with people and opened the door and chatted to relatives and other visitors.

People and their visitors told us that this was 'by far the best service they had visited' when looking for somewhere new to live and they had to wait for a vacancy. Some people had gone to stay at other services in the interim period. One person said, "It was worth the wait. The other home I was in was alright but when I came here the difference was unbelievable. They can't do enough for you. It doesn't matter what time of the day or night it is". The managers made sure people's bedrooms were how they wanted them. They made them comfortable and familiar and this helped people settle in. People chose the colour schemes and furnishings for their bedrooms.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) The registered manager/provider, the two managers and all the staff were passionate about providing a service that placed people and their families at the very heart of the service. They provided support that was based on mutual respect and equality. As a result, people felt really cared for and that they mattered. This was confirmed by three health care professionals who visited the service regularly.

The management team demonstrated strong values and a desire to learn about and implement best practice throughout the service. The management team made sure the staff were supported and guided to provide outstanding care and support to people enabling them to live fulfilled and meaningful lives. The ethos of the service was to support people to be as independent as possible.

Staff were positive about the support they received from their managers. They were encouraged to strive to improve. Staff were very motivated and proud of the service.

People, relatives and visiting professionals could not speak highly enough about the support and care that was given. They said the dedication and attitude of the managers and staff was 'over and beyond the call of duty'. People told us they received care that was personal to them. They felt staff understood their specific needs well and had good relationships with them. People were settled, happy and contented. Relatives visiting the service told us they only had positive experiences and praise. Staff treated people as individuals with dignity and respect. Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

When people were moving towards the end of their life, the management and staff made sure their dignity was maintained and they received the specific care to meet their needs. The managers and staff had a strong commitment to providing support to people and to their family to ensure a person's end of life was as peaceful and pain free as possible.

People had varied communication needs and abilities. Staff knew people very well and knew how to respond and talk to each person to give them the support and care that they needed and wanted. Staff listened to what people had to say, they gave them time to express themselves. Staff were intuitive and if there was a problem communicating they were able to anticipate what people wanted and responded appropriately to them. Some people were able to express themselves verbally; others used body language to communicate their needs. Some of the people's behaviour presented challenges and was responded to and supported by one to one support from staff.

People were supported to make choices and to take 'risks' in their daily lives. Potential risks to people were identified and assessed and kept to a minimum and people were not restricted from doing what they wanted

# Summary of findings

to do. There was guidance in place for staff on how to care for people effectively and safely and without restricting their activities or their lifestyles. Staff were able to tell us what they would do if an incident did occur. Risks were kept to a minimum

Some people were able to make decisions about their care and support. Staff had received training in the Mental Capacity Act 2005 and they were able to explain current guidance to support people to make decisions. They told us about the importance that everyone should be deemed to have capacity to make decisions about their lives. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The managers told us about occasions when people had been referred to health and social care professionals to make big decisions about their care and support. Best interest meeting had been held to collectively decide what action should be taken to act in the person's best interest.

There was a high level of understanding of the need to make sure people were safe. People and staff told us they were actively encouraged to raise their concerns no matter how small. They said this was part of day to day practice. People felt comfortable in complaining if they had to. They said if they did complain they knew their complaint would be taken seriously and looked into and action taken to resolve them. The manager's actively sought people's views and opinions. People told us the managers always asked if everything was alright and if there was anything they needed or were not happy about.

Safeguarding procedures were in place to keep people safe from harm. People felt safe living at the service; and if they had any concerns, they were confident these would be addressed quickly by the management team. One person said "There is always someone around, I feel quite safe."

The staff understood their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. They demonstrated a good understanding of what constituted abuse and how to report any concerns.

People were protected by robust recruitment procedures and people were involved in choosing suitable staff so they had a say about who might support them. New staff

had induction training which included shadowing experienced staff, until they were competent to work on their own. Staff had core training and more specialist training, so they had the skills and knowledge to meet people's specific needs. Staff fully understood their roles and responsibilities as well as the values of the service. They said that they knew and trusted the managers to do a good job. They said the managers were 'always there' if there were any problems. The managers were fully involved with the care and support people received. Staff were listened to and were given the support and help that they needed on a daily basis. Staff had regular one to one meetings with the managers and a yearly appraisal.

There was sufficient numbers of staff deployed at the service to make sure people received the care, support and time that they needed. The staffing levels were flexible and were increased if a person needed extra support or for events and activities. Many of the staff had worked at the service for long time. They said they would not want to work anywhere else.

A wide range of activities were available, based on people's suggestions and requests, which people's family and friends were invited to take part in. Spontaneous activities took place and entertainment was provided. On the day of our inspection people were entertained by a musician. People joined in the songs and they enjoyed the event. People were supported to do what they wanted when they wanted. People led a fulfilled and meaningful life. Staff spent quality time with people to give them emotional support and comfort. Staff reminisced with people about their life and discussed what was happening in the world.

The chefs provided good quality food and catered for people's individual preferences. This included people's specific health and dietary requirements. Food and drink was available to people throughout a 24 hour period. Staff gave excellent and discreet support to those who required extra help in eating and drinking. One person said, "We have lovely dinners, if you don't like something they get you something else."

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate. People were encouraged and supported to take their medicines themselves if they wanted to.

# Summary of findings

Audits and health and safety checks were regularly carried out. The managers had sought formal feedback from people and relatives about what the service did well and what they could do better. There was strong leadership at Bradfield Residential Home. Standards were high, and staff responded to this well. The management culture of the service was open, dedicated to providing excellent care to people, and equipping staff to provide excellent care. The managers communicated a strong ethos focusing on person centred care and ensuring a good quality of life for people. The managers led by example and staff followed the high standards they had set for managing the service. Staff told us they felt valued and appreciated for the work they did by the management team. The service had made sustained improvements over time.

There was a strong emphasis on continually striving to improve. The managers recognised, promoted and regularly implement innovative systems in order to provide a high-quality service. They looked into new and creative ways to include everyone in developing and improving the service.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. Safety checks were done regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

Everyone we spoke with which included, people who lived at the service, staff, relatives and healthcare professionals involved with people, told us Bradfield Residential Home provided very good or excellent care to people who lived there.

# 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?

The service was good in ensuring people were safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority and others if they had any concerns.

Risk assessments were centred on the needs of the individuals. People were supported to take risks and were not restricted enabling them to maintain their independence.

There were sufficient numbers of trained staff deployed to ensure that people had their needs promptly. This was regularly reviewed and adapted to reflect people's changing needs. The staff were recruited safely and people had a say about who was recruited.

There were systems in place to protect people against risks associated with the management of medicines; appropriate arrangements for the recording, safe administration, safe keeping, using and disposal of medicines were in place.

Good



### Is the service effective?

The service was very effective.

Staff had received all the training they needed to meet the needs of people. There was a training plan in place to provide continuous staff development and to refresh staff training. Staff felt well supported by the managers and the staff team.

The managers understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were fully supported to make choices about their day to day lives.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People and their representatives were involved in making decisions about their care and support.

People were provided with a suitable range of nutritious food and drink.

Outstanding



### Is the service caring?

The service was good in providing caring staff to support people.

The management and staff had a strong, visible person centred culture and were exceptional at helping people to express their views so they could understand things from their points of view.

People and relatives valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they mattered.

Good



# Summary of findings

The management team and staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

The managers had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate and dignified way.

## Is the service responsive?

The responsiveness of the service was outstanding.

Staff had an excellent understanding of people's individual needs. People received consistent, personalised care, treatment and support. They were involved in identifying their needs, choices and preferences and how they would be met. People's care and support was reviewed, with their input.

People had fulfilling lives because they were fully engaged in activities that were meaningful to them.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to raise any concerns. Concerns and complaints were always taken seriously, explored thoroughly and responded to in good time.

**Outstanding**



## Is the service well-led?

The service was very well led.

The managers had developed a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service which were to 'offer a homely environment and to respect dignity, privacy and promote people's personal esteem'.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the management team were very knowledgeable and inspired confidence in the staff team and led by example.

The managers continually strived to improve the service and their own practice. The managers used creative and innovative methods of involving people in the service.

Systems were in place to monitor the quality of the service people received.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

**Outstanding**



# Bradfield Residential 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 unannounced inspection took place on 22 October 2015, and was carried out by one inspector and an inspector manager.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with other information we held about the service. We looked at

previous reports and checked for any notifications we had received from the provider and social services. This is information about important events that the provider is required to send us by law.

We looked around all areas of the service, and talked with twelve people who lived at the service and carried out some observations. Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meals and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia so we observed and spoke with people's friends and relatives.

We talked with four relatives who were visiting people; six care staff, kitchen staff, we spoke with the registered manager/provider and the two managers.

We also had conversations with three visiting professionals who visit the service regularly, including a G.P.

We last inspected Bradfield Residential Home in October 2013 when no concerns were identified.



# Is the service safe?

## Our findings

Without exception, people and their relatives told us that care was given safely. People told us that they felt safe living at Bradfield Residential Home. People confirmed they felt safe and comfortable around the staff and with each other. People told us, “When I was at home I felt frightened something was going to happen and I would not be able to do anything. I feel very safe here, there is always someone around. At night they always come and check that I am alright, I don’t even have to call them, the staff are just there. It is so reassuring”. Another person said “Staff never get cross with anyone; they are so patient, they just walk away and go back to the person later”.

Relatives told us their loved ones were safe. One relative said, “It is such a relief to know X is safe and getting everything they need from staff who really care”. Another said, “I was really worried about going on holiday and leaving X. The managers were so reassuring. They emailed me every day to let me know everything was alright”.

Health care professionals all said that they had never seen anything that had concerned them; in fact they reported quite the opposite. One said, “I come to this home regularly, I don’t feel there are any concerns here at all. If I needed a home I would come in here myself.” Another said, “People get good safe care. The managers and staff try and prevent things happening in the first place. I want to live here when I get old”.

There was a policy for safeguarding adults from abuse. Staff confirmed they had undertaken very detailed safeguarding training and they could tell us about the different types of abuse that may occur. All the staff said they were actively encouraged to raise any issues immediately with the managers. Staff knew the procedures to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate and use. Staff were familiar with the process to follow if any abuse was suspected in the service. They knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council’s safeguarding team. The staff confirmed there were no recriminations for raising any issues and that the managers actively encouraged staff to raise any concerns.

People’s individual differences and talents were considered, creating a culture where everyone could participate, thrive and contribute equally and take the opportunity to make the most of their lives. When people went out on activities outside the service everyone was given the same opportunity to participate regardless of their abilities. For example, when a trip was organised to the beach, everyone who wanted to be was included. People in wheelchairs, people living with dementia all participated.

Sometimes when people wanted to move into the service they were invited to spend time, meeting people and staff. People were asked how they felt about the person moving in and were invited to give feedback. Based on the feedback, the managers considered compatibility and sometimes decided they could not offer a person a service.

Risks to people were being identified and assessed. Staff managed the risks related to people’s care well. Each care record had detailed information about the risks associated with people’s care and how staff should support the person to minimise or eliminate the risks. Care records included risk assessments of people’s mobility, their potential risk of falls and of pressure ulcers developing. When people had conditions like diabetes there was clear guidance in place for staff to help them recognise if people’s blood sugars were too high or too low. The risk assessments told staff exactly what they had to do if this occurred. Any falls were documented with the assessments and care plans were updated when anything changed.

Staff showed empathy and had an enabling attitude that encouraged people to challenge themselves to maintain their independence, while recognising and respecting people’s lifestyle choices. People were supported in a way that kept them safe but did not restrict them. For example, when a person had been identified as being at risk of falls, immediate action was taken to prevent them falling. An alarm mat had been placed by their bed to alert staff when they started to get up from their bed. When staff were alerted to the person trying to mobilise they immediately responded and walked with the person to make sure they were safe. The risk of falling had been reported to the district nurses and ‘hip protector’s had been provided, this meant if the person did fall the risk of fracturing their hips



## Is the service safe?

was reduced. Staff spoke about balancing the need to promote the person's independence by supporting them to walk with everything in place to reduce the risk of any injury or falls.

The managers had systems in place to identify and manage any risks to people's health and wellbeing. There were accident and incident records and a monthly fall audits. These records were very detailed. The managers looked for patterns and trends of accidents and incidents for example, if accidents happened at certain times or in certain areas. The managers took prompt action to reduce the risk of similar accidents or incidents happening again. Advice was sought from relevant healthcare professionals to help to maintain people's wellbeing. A health care professional we said, "The staff always let us know if there have been any incidents. They ask for advice or they contact the doctor. I have no worries at all. Everyone is so well looked after."

The managers were striving to find innovative ways to support and balance safe risk taking with promoting people's independence. They had applied, via the local authority, to be partners in a bid for an innovation grant from a computer company. The manager said he was hoping to be successful in the bid as this would enable the service to respond more effectively to people's needs through the use of technology. The system would track changes in people's needs and increases in risks by analysing information and would suggest more creative ways to involve people in managing their needs with the right support.

Staffing was planned around people's needs, appointments and activities. If more staff were needed for activities or events there were more staff on duty. The managers did not work from an office but worked in either the lounges or the dining room so they were visible and on hand to everyone. The managers chatted to people and staff and opened the door and chatted to visitors and relatives, there was a very open and approachable atmosphere. The managers lived in the house next door so were available out of hours to give advice and support. A deputy manager was in charge at the weekends. There was a chef and housekeepers on duty all day every day of the week so care staff did not have to cook or do any cleaning. One person said "There is always someone in charge even at night." Another person said "(The managers) are lovely,

very generous with their time. They always stop for a chat, they are very nice people. You only have to ask for something and they get it." Everyone said that staff were around when they needed them.

The managers talked to people, relatives and to staff about the staffing levels and kept the staff levels under review based on people's feedback. Some people had said there were times when more staff would be useful, so the managers increased the staffing levels at these times. The housekeepers now started their shifts earlier and worked later and there was an additional member of care staff on duty between 5.30pm and 10.30pm. The manager said "If a person is feeling anxious or upset I call in an additional member of staff to be with them on a one to one basis. This has worked well."

Each shift was planned with staff allocated to different people and to do different tasks including the medicines round. Each staff member knew what they would be doing that day and as there was a rolling rota they knew what shifts they were working well in advance. The shifts were half day shifts; the managers said they discouraged long whole day shifts as staff may get tired. There was a real sense of team work with the three housekeepers serving tea and biscuits and helping at lunchtime and the managers talking to relatives and visiting doctors and working with the care staff. Nobody had to wait and staff were around ready to give support when needed.

Call bell points were fitted in each room. Everyone, who had used their call bell, said that the staff came to help them quickly. We observed an emergency and called for help using the call bell, a staff member appeared in seconds to help.

Staff were recruited safely to make sure they were suitable to work with people at Bradfield Residential Home. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their

## Is the service safe?

terms and conditions of work. Prospective staff were invited in so that people could meet them and give their opinions before they were employed. One person told us “The staff are lovely; they are picked out very carefully.”

People told us they received their medicines on time and that they were happy with the way their medicines were managed. People were involved in reviewing their medicines with their GP and were supported to have as much control of their medicines as they wished. One person said “The staff look after my tablets, I’d rather as I would forget.” Another person said “I am pleased that they (staff) look after my tablets, they always ask if I have any pain and if I do they give me some paracetamol.” People if they were able and if they wanted to were encouraged and supported to be as independent as possible and manage their own medicines. Some people did manage their own medicines and the staff supported this by checking people had safe storage and had enough stock of their medicines. One person told us “(Staff) is lovely, she comes in to me at 7.15am with my tablets and eye drops and a cup of tea. She does my eyes and leaves me to do the rest. I like it like that.”

We observed staff administering medicines to people. Staff checked the medicines records and then took medicine to the person; the staff member spoke with people and offered them a drink to help take their tablets. Staff were patient and gave people the time they needed and stayed with them, giving reassurance if needed, until the person had taken their medicines. Medicine records were clear and accurate including records of administration, disposal and return.

The managers and staff had a very good awareness about the medicines each person took. The manager told us about medicines that some people took and knew what

they were for and the dose. Staff spoke with knowledge about when to offer certain medicines, for example, if a person was feeling particularly anxious, and knew about side effects of various medicines. Staff were trained in how to handle medicines and part of their training was an assessment including an observation to check their competency. Staff knew how people preferred to take their medicines and told us, “I give this person their medicines a bit early as they like to lie on their bed after lunch.”

Medicines were stored securely. The cupboard and medicines trolleys were clean and tidy, and were not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Some people were given medicines on a ‘when required basis’ including medicines for pain like paracetamol. There was written guidance for each person who needed ‘when required medicines’ in their care plan. The manager checked all records relating to medicines every month and staff checked the records and stocks daily to make sure everything was in order.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. The lift and the hoists had been serviced. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were in good working order. People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.



# Is the service effective?

## Our findings

People said the staff looked after them very well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they wanted. Visiting health professionals told us that staff contacted them promptly if there were any concerns, and acted on their advice and made changes to people's care and support.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people became restless or agitated or if they were sad and needed comfort.

The staff team was stable and consistent and many had worked at the service for years. Staff told us, "I love working here. I see the smiles on resident's faces and know I have done a good job." and "All the staff get on well together. We want people to be as independent as much as possible. We want them to remain as who they are. They are all unique and special".

People told us that they thought the staff were 'very well trained'. Everyone made very positive comments about the staff including, "Staff are all very good, very kind" and "I came here for a short stay and I liked it so much that I came back to stay for good. All the staff worked very hard to make this a nice place to be, nothing is too much trouble."

New staff completed induction training which included shadowing existing staff for up to three weeks while being observed. Three staff had completed the new Care Certificate and two more were working on this. The Care Certificate is a recognised qualification from the government backed training organisation Skills for Care. People were asked for their opinions of any new staff and the managers took this into account when signing off a new staff member's probation period.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training

which included face to face training, mentoring and distance learning. The managers tracked completed training and arranged further training for staff. The training matrix was clear and organised and was colour coded to show which courses were completed and which courses were due for renewal. Staff completed work books or answered questions and took tests that required a pass mark. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff had been extended to include subjects related to people's needs including dementia awareness and diabetes. Staff had knowledge about people's wide ranging needs and were knowledgeable about age related conditions. Most of the staff had a recognised vocational qualification in care.

The managers reviewed the effectiveness of the training by observing staff and talking to people about the staff. The managers gave feedback from their observations to staff at regular one to one meetings with them. The managers worked alongside staff and led by example, coaching staff as they worked with them. Any changes needed to staff practice were discussed at the one to one meetings and the managers supported staff to provide good care. The regular one to one meetings enabled the managers to track the progress towards the staff member's objectives. The one to one meetings were planned well in advance so that staff could prepare and a timetable was displayed. Each staff member had a yearly appraisal when their past performance and their ambitions for the next year were discussed and recorded.

During the inspection we observed an emergency situation. The staff member involved remained calm and reassured the person involved throughout. The staff member's calm behaviour helped the person to calm and the emergency was quickly resolved.

The managers and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. (Advocacy support is given by an independent individual who supports a person so that their views are heard and their rights are upheld.) The



## Is the service effective?

managers had applied for deprivation of liberty safeguards (DoLS) authorisations for the people who needed them and these had been granted. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The managers had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. One staff member said, "We try to get people to make decisions for themselves, even if it's a just a small decision". There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from relatives and the staff. When people lacked capacity to give consent to these changes there was a mental capacity assessment available and best interest decision making was recorded.

The managers of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The senior members of the staff team were able to describe the changes to the legislation. They were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

People were in control of their care and treatment. Staff asked for people's consent before they gave them care and support. If people did not want to do something this was recorded and respected. Before people did activities or went out staff checked with people whether they had changed their mind and respected their wishes.

People said that the food was consistently good and spoke positively about the menu and the quality of food provided. People were fully involved in saying what they would like on the menu. They were able to choose what they wanted to eat and where they wanted to eat it. People who could not communicate using speech were shown meals on picture cards so they choose what they wanted. There were homemade meals and cakes every day.

People told us, "We have lovely dinners, if you don't like something they get you something else." There was a lovely atmosphere at lunchtime; people had the time they needed to eat their meal at their own pace. Some people

had a glass of wine. The tables were laid with condiments and napkins and there was a choice of drinks available. Relatives said that if they were visiting at meal times, they were always asked if they would like a meal. They said you always get offered plenty of drinks, biscuits and cake. They make you feel very welcome and part of what is going on.

There were two sittings for lunch, a 'protected' sitting was held first and this was for people who may need support with their meal. People had the support, time and attention they needed from staff. A second sitting was held for people who needed less support. People had the time and support they needed to eat their meal.

There were chefs working seven days a week and a tea time chef. The chefs were aware of people's dietary needs. Some people had specific needs when they ate and drank. Staff made sure that their food was cut up into small pieces and that there was a member of staff near when they ate their meals. When people had lost weight they had been seen by their doctor and dietician. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products. Staff were making sure this happened. People's weight was monitored to make sure it was increasing or stable. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible. There was a good stock of fresh food from local suppliers. There were lots of choices available.

When people had problems eating and drinking they were referred to dieticians. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking.

People were very positive and complimentary about the care and support they received at Bradfield Residential Home. They told us that all the staff were efficient and available at all times to meet their needs. People and their relatives told us they felt involved in how their care was provided. One person said, "When I first came here I was in a wheelchair. They asked me what I wanted to achieve, I said I want to walk again. They wrote it all down. With the help and support of physiotherapy and the staff I am now walking everywhere with a walking aid. I have so much more independence and freedom".

People's health was monitored and when it was necessary health care professionals, like doctors and district nurses



## Is the service effective?

were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists if they needed to see them. People experienced positive outcomes regarding their health. Staff were proactive when people needed health care support, for example, a person had lost a lot of weight before coming to the service. The staff immediately started giving them fortified foods. The dietician was contacted and a swallowing assessment was carried out by the speech and language therapist. The person started to put on weight immediately. Staff knew their routine health needs and preferences and consistently keep them under review. The management and staff engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. The management and staff took preventative action at the right time to keep people in good or the best of health. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. Where people had complex/ continued health needs, staff always aimed to improve their care, treatment and support by identifying and implementing best practice.

Visiting professionals who visited the service on regular basis said that they were confident the staff would call them if there were any concerns and staff often contacted them for advice and support. They said the staff were knowledgeable and understood about people's health needs. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments.

The health care professionals who visited the service during the inspection were very keen to talk to us and tell about how good they thought the service was. A visiting professional told us, "People are at the centre of everything. The staff contact doctors appropriately and in a timely way. Doctors are used as they should be". Another said, "They always open the door quickly, that is a good sign. Senior staff are always fully informed and know what is going on".

People told us, "I went to bed with a headache. The girls came up three or four times to make sure I was OK. I don't think you would find a better place." "I was very poorly; they rang the doctor and my daughter. I stayed in bed and felt much better".



# Is the service caring?

## Our findings

People said, “The staff are very kind, we are very lucky.”  
“The girls are fantastic, they really are”.

A relative said the local people they had spoken with all knew about Bradfield Residential Home and all told them about what an excellent service it was. The relative said, “It’s so reassuring to know we have made the right choice”.

People were at the centre of the service and were treated with absolute respect. People and their relatives told us they received care that was personal to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences and knew them well. This continuity of support and familiarity had resulted in the building of people’s confidence to enable them to make more choices and decisions themselves and to have the confidence to maintain their independence. People were very happy living at Bradfield Residential Home. There was a calm, friendly and inclusive atmosphere. People had a good quality of life full of engagement and activity.

People valued their relationships with the staff team and felt that they often go ‘the extra mile’ for them, when providing care and support. As a result people said they felt really cared for and that they mattered and were important. Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people’s individual needs around privacy and dignity. All the people told us the care they received from staff was excellent. They praised the caring attitude of staff and the managers. One person said, “They always have time to listen to what I have to say and they are interested in me as a person. They are always asking about what I did when I was younger and are keen to hear my stories”.

Staff actively involved people in making decisions about their care. One staff member told us, “We look at the care plans and talk to people and support people to make decisions. If people can make decisions for themselves; we let them do that”. Staff understood about person-centred care. One staff member told us, “We believe that it’s about putting the residents at the centre of what we do. We work around the people and what they want.” If people needed support to be involved in making decisions and had no representatives, advocates had been organised who supported people to have their say. The managers were

looking at more creative ways to enable people to be more involved including the use of technology. They had secured a grant to install a high speed WiFi network and some people used FaceTime and Skype to see and speak to relatives who lived in this country and abroad. One person said she regularly saw and spoke with her daughter in New Zealand using the technology provided.

Staff had knowledge of people’s needs, likes and dislikes. People were called by their preferred names and the staff and people chatted happily together and with each other. A person said “I get up early and go to bed when I like”; and another said, “I am really happy here.” A visitor told us they thought that this service was the best choice for their relative. People were supported to continue with their religious beliefs. People could attend church of their choice if they wanted to and there were opportunities for people to join in prayer meetings. People found comfort in this. The interaction between people and staff was positive, caring and inclusive. The managers worked alongside staff and constantly monitored staff practice to ensure that the positive respectful approach was sustained.

Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently, people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. Those who could not express their needs received the right level of support, for example, in managing their food and drink. When people did become distressed or agitated, staff intervened and used appropriate de-escalation techniques, including listening and distraction skills. It was evident that staff had enough skills and experience to manage situations as they arose. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear. A relative told us that, their relative always took pride in their personal appearance and they were always well dressed but they were unable to do this independently now. They said that nothing had changed since the person came to live at the service. They said their clothes are always co-ordinated and they had their jewellery on and make-up just like they always did.

## Is the service caring?

People could decide where they wanted to spend their time and what they wanted to do. Some people preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people who requested help. One person called for a staff member to help them to the lounge. The member of staff immediately gave a kind response and went to help them.

People could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. On the day of the inspection there were activities taking place in the main lounge area. It was noisy and active. Some people found this a bit too much and they were able to go to quieter communal areas or their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to.

Relatives were all extremely complimentary about the caring attitude of the registered manager/provider, the managers and staff. They said staff treated people with the utmost kindness and respect. Everyone was part of the care team; this included the kitchen staff the housekeeping staff. They were all involved with people on a daily basis and knew them well.

The service provided outstanding end of life care and people experience a comfortable, dignified and pain-free death. They were cared for by staff who were compassionate, understanding, enabling and who have

distinctive skills in this aspect of care. Staff also cared for and supported the people that mattered to the person who was dying with empathy and understanding. All relevant specialists and specialist equipment was provided to make people comfortable at this time. A relative sent a compliment letter to the service after the death of their loved one. It said, "Thank you for respecting her choices, decisions and making it a lovely home for her. During her last week when she needed total loving care to make her last days comfortable you were exemplary, caring for her with compassion and love. Thank you also for the support you showed us as a family during this time. I would like to say thank you to all the staff at Bradfield who looked after my mother over the last 5 years and supported us at a difficult time". Another relative said, "I just wanted to say how amazing I think you all are. You made X's end journey so lovely and your love and care for her family has been remarkable. Thank you".

The service had a strong commitment to supporting people and their relatives before and after death. People had care plans which stated how they wanted to be supported during the end stages of their life. The care plans were used to direct end of life care which avoided hospital admissions and provided dignified and pain free care at the service until they died. Visiting professionals stated that they worked closely with the staff to provide end of life care. They said the palliative care team, community services, the doctors and the staff all worked together to make sure they were prepared for all eventualities.

The managers had recently converted a room for visitors to use. This could be used by relatives visiting people from a long distance or for relatives who wanted to be close by if their relative was ill or receiving end of life care. The room was self-contained and the managers made sure relatives were comfortable and had everything they needed.





# Is the service responsive?

## Our findings

Before people moved to Bradfield Residential Home, the managers met people and carried out a comprehensive assessment to make sure their needs could be met. If the assessment indicated that they would not be able to give people the support that they needed then people and their relatives were guided and supported to look at other options. People told us, “I came here for a couple of weeks and it was so good I decided to stay” and “The manager came to see me at home. They found out all about me and the care and help that I would need. They were very thorough. I like to do as much as possible for myself and the staff now do what I can’t. It works perfectly”.

Trial stays and visits were offered to people who wanted to move in. The managers observed how people got on during the visits and spoke with other people at the service afterwards. There had been occasions when people said they felt they would not be comfortable or compatible with certain people. The manager listened to the feedback and considered people’s needs.

During the assessment process, information was gathered so staff knew as much as possible about the person and their life and background to ensure a smooth transition into the service. This included background information about people’s lives and information about people’s preferences and choices as well as their likes and dislikes. This gave a good background for staff to organise people’s care. It helped staff to understand about people and the lives that they had before they came to live at Bradfield Residential Home. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a ‘picture’ of the person.

The Provider Information Return (PIR) told us that all this information from the assessment helped develop the person’s individual plan of care in a person centred way. With this information staff were able to be prepared to respond to the person’s needs before they moved into the service.

A relative told us about the concerns they had about their loved one moving away from their own home into an unfamiliar environment. They said that their relative had a

dementia type illness and moving somewhere new would confuse them more. Initially the person had stayed at the service during the day returning to their own home in the evening. Before they moved to the service permanently, the managers found out about the person’s previous home. They visited the person’s home and made a note of and took photographs of the way the living room was arranged. They then made sure that their new room at the service was painted the same colour and, as much as possible, they had replicated the person’s previous home. The transition had gone smoothly and the person had settled quickly into their new environment.

People’s rooms were decorated as they wanted and had chosen. The managers arranged equipment to help maintain people’s independence, like toilet frames, raised toilet seats and grab rails. The person may require adapted cutlery or raised plate sides to promote independence when eating or cups with handles when drinking, they may have special dietary requirements and purchased specific food which the person requested. This was all made ready for when the person moved into the service.

Care, treatment and support plans were seen and used by staff every day. Staff spoke about care plans positively and said they were seen as being fundamental to providing good person centred care. The care plans were thorough, extensive and reflected people’s needs, choices and preferences. People’s changing care needs were identified promptly, and were regularly reviewed with the involvement of the person and any changes to the care were implemented. There were robust systems to make sure that changes to care plans were communicated to those that needed to know.

People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information and clear guidance about all aspects of a person’s health, social and personal care needs to enable staff to care for each person. They included guidance about people’s daily routines, behaviours, communication, continence, skin care, eating and drinking. People’s care plans contained detailed guidance about how to move people safely using specialist equipment like hoists and slings. There was detailed care plans to prevent people’s skin from becoming sore and breaking down. When people were at risk of developing pressure sores,



## Is the service responsive?

they had special pressure relieving equipment in place, like air flow mattresses and cushions which protected their skin from becoming sore and breaking down. Staff knew what signs to look for and responded quickly if any concerns were identified, and made sure people received the intervention and care they needed to keep their skin as healthy as possible.

People with more complex support needs had a support plan that described the best ways to communicate with them. Staff said that these were helpful and accurate and helped them to support the person in the way that suited them best. Some people, because of their dementia illnesses, had been assessed as having behaviour that could be described as challenging. There was evidence that the care plans in place focused on how to manage the behaviours positively and to give support in a way that was less likely to trigger or increase the behaviour. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred.

There were detailed records in care plans of visits and outcomes from, and to, doctors, district nurses, dentists, chiropodists and other professionals. There were monitoring charts that were accurately completed and meaningful to staff and professionals. For example, if a person was identified as losing weight or not eating and drinking enough this was recorded. They were weighed regularly and what they ate and drank was recorded and monitored to make sure they stayed as healthy as possible. Staff were able to track what people ate and when and how this related to any weight gain or loss. They then adjusted their support accordingly.

Everyone said there were enough activities. They told that there was always something going on. One person said "We have quizzes and games and visiting singers." People told us about film afternoons. People decided on the film they would like to watch. They said it's like going to the cinema, except it's better as we have 'Pims' and ice cream. A singer was at the service on the day of our inspection, everyone looked happy and some people joined in with the songs. There were magazines, newspapers and board games available for everyone to use.

An activity schedule was displayed showing activities on offer for every day of the month. The activity for the month was based on activities that people had suggested and requested. When people were unable to say what they

liked to do, the staff found out what they had enjoyed in the past from their relatives and friends. A singer visited on a monthly basis and 'Zoo lab' had visited bringing exotic animals and reptiles for people to hold. From the photographs, people looked like they enjoyed this. A 'Music for health' group visited and sang at the Summer barbeque. Monthly church services were held. There were monthly trips out to local restaurants and cafes, people said they really enjoyed this. There were also art and craft sessions which included sewing, knitting and baking. People said that they enjoyed these afternoon activity sessions.

Some singers from the Royal British Legion had visited the service in 1940's costumes and people said they really enjoyed the sing song. People, visitors and staff told about the impromptu activities that happened. For example, one day the manager had organised a 'spur' of the moment' trip to the beach and lunch in a local restaurant because it was a lovely day. Taxis were hired, extra staff were asked to support people, relatives were invited and whoever wanted to go went. People and relatives said they had a wonderful time and it was made all the better because 'it just happened'. People said that staff were responsive to their ideas and suggestions about outings and activities and arranged whatever they wanted to do.

There were strong community links, not only with local churches but with local clubs and associations. Some people attend the local club for retired people and other people had been supported by a local group called 'Extra friends'.

People had suggested, at a meeting, that they would like to grow vegetables and fruit in the garden. This year they had grown lettuces, tomatoes and strawberries, which had been enjoyed by everyone at meal times.

Specific methods were used by staff to talk and communicate with people and these suited the needs of each person. Sometimes pictures were used that people could point to, to make choices and at other times staff asked people, staff tailored their approach to suit each person. Staff used handover meetings between shifts to share information about people and to inform each other about any changes that affected peoples' wellbeing or health. The staff cared for people in a consistent way because they knew the most up to date information about their needs.



## Is the service responsive?

All complaints were dealt with no matter how small there were. People were listened to and taken seriously at all times and every effort was made to resolve any concerns that people had raised. The complaints procedure was displayed around the service and each person was given their own copy. We heard staff asking people if everything was alright for them and checking that they were satisfied and comfortable. People said they had no complaints, but if they did they would talk to the staff. One person said "You only have to mention something, anything, and it is dealt with. (The managers) are very 'on the ball' here." Some people had complained about other people having their televisions on too loud. This was usually because people were hard of hearing or were unable to operate the remote control. This was addressed by people having wireless headphones or by staff supporting people to use their remote control to keep the noise level comfortable for everyone. Some people had complained about some items of clothing that had gone missing. As soon as this was brought to the attention of the staff every effort was made

to find the missing clothes. If for some reason it could not be found then it was replaced. In one incident a person lost a cardigan and it could not be found anywhere. It was replaced from the same shop, type of fabric and colour. The person was happy with this resolution.

The manager talked about the importance of listening to peoples' comments and feedback and acting on them. The manager made observations and recorded any comments and complaints. There were clear records of all complaints with the investigation, resolution and the person's satisfaction recorded. All complainants were responded to and kept informed. The manager tracked complaints in case there were any common themes so that improvements could be made. The manager saw complaints as a learning and development opportunity for the service. The manager said "All comments and complaints are taken very seriously as things, however small, affect peoples' daily lives. It may be small to us but it is big to them so we address it at once".



# Is the service well-led?

## Our findings

People, their relatives and staff said that the managers were approachable and supportive and they could speak to them whenever they wanted to. People and their relatives told us the managers listened to what they had to say and 'sorted things out' if there were any problems. The staff said the managers always dealt with issues in a calm and fair way. On the day of the inspection people, relatives and staff approached the managers whenever they wanted to. There was clear and open dialogue between the people, staff and the managers. The managers worked alongside staff supporting and coaching them. Despite the constant demands, the managers remained calm and engaged with people and the staff at all times.

Staff said that the managers were always available and accessible and gave practical support, assistance and advice. All the staff told us how they valued the managers and that they felt valued too. Staff said the managers were always available day and night. They said that the managers worked with them all the time, that they knew everything that was going on and they were always looking to improve things. They said if anything went wrong the manager was straight onto it. Relatives told us that when the lift had broken down they had been informed immediately and they were told how the situation was being managed. They also told us that they, and their relatives at the service, had been informed about the repairs to the boiler that were going to take place shortly. They said the managers had explained in detail what they were going to do to make sure that inconvenience to people was kept to a minimum.

Staff handovers were held between shifts so all staff were aware of any changes in people's health and care needs. The managers and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities. Staff were clear about their roles and responsibilities and received regular feedback from the managers about their performance. They were able to describe their roles well. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held where staff responsibilities and roles were reinforced by the managers. The meetings were also used to share ideas for improving the service and to give coaching and guidance to staff.

Our observations and discussions with people and staff at the service showed that there was an open and positive

culture between people, staff and the managers. The aims of the service were to 'offer a homely environment and to respect dignity, privacy and people's personal esteem. To offer a better quality of life, to respond to individual needs and tailor services to meet peoples; choices.' Staff were aware of the aims of the service and everyone worked together to meet these aims. The service had a track record of providing a very good service. Peoples' experience was that staff were meeting these aims.

Staff engaged with the culture of the service and were committed. People told us about the barbeque that had been held in the summer. They said that it had been a 'brilliant day' and that everyone had been involved. There had been something for everyone. One person said, "I think it says something when nearly all the staff and their families turned up for the barbeque. They wanted to be here, with us, it's more than a job to them".

Small group meetings were held to enable people to air their views about the service. Larger 'residents' meetings were also held to which relatives were invited. People had the opportunity to raise any issues and make suggestions for improvements that were listened to and acted on. The dates of the meetings were advertised around the service and were well attended. People told us about suggestions they had made including changes to the menu and requests for new activities to try. These suggestions, they said, had been listened to and acted on.

The managers had completed a robust and thorough Provider Information Return (PIR) prior to the inspection. It contained all the relevant information to support the inspection process. In their Provider Information Return (PIR) the managers told us that they accessed information from CQC website and received newsletters. They read the inspection reports from other care services as an audit tool to identify where they could improve the service and kept up with good practice. They had signed up to the social care commitment to "promise to provide people who need care and support with high quality care services."

The managers attended local network meetings and provider forums to help stay on top on best practice. They researched what was available through a variety of training providers to ensure they had the best training packages for staff based on best practice. The managers were aware of the fundamental standards for care homes and were up to date with changes to legislation. They had applied, via the local authority, to be partners in a bid for an innovation



## Is the service well-led?

grant from a computer company. The managers said they were hoping to be successful in the bid as this would enable the service to respond more effectively to people's needs through the use of technology. It would mean that the computer programme would suggest more creative ways of meeting people's changing needs.

The managers had recently secured a grant for £5,000 which gave Wi-Fi network to the whole of the service. They were able to buy laptop computers with large keyboards and a touch screen computer for people to use. New routers had been installed and the broadband was upgraded to superfast. One person had their own computer and kept in touch with relatives abroad by email and Skype. One person said they did their banking on line in their bedroom now.

Peoples' views and suggestions were acted on and helped to drive improvement. For example, the managers had created a relatives' room to enable visiting relatives to stay overnight if they wished to. The room was self-contained and had everything relatives needed. Surveys had been sent out; the results analysed and acted on. Suggestions had been acted on, no matter how small including the increase in staffing levels at certain times of the day. One person had said they preferred granary bread at breakfast time. This preference was acted on and the person had the bread that they wanted. Lots of people had sent cards to the service, one said "Thank you so very much for your tenderness in caring for (my relative)." One person said "I wanted to move to a lighter room and I told the manager, as soon as one was available I moved rooms, this room is much lighter and better for me."

There were strong community links. An association called 'Extra friends' was used to help support people's various appointments. Staff attended appointments too and 'Extra friends' helped make people feel at ease. Some people attended the local day centre for the retired and the local churches.

There were detailed records of very regular checks and audits. There was a maintenance and development plan for the service. A log was kept of all the improvements that had been made on a month to month basis. There was a list of improvements noted for each month including new bedding purchased, new path laid to the front of the house to help access for people who had mobility needs and improvements to the garden. Checks of staff practice and records with action plans, accidents and incidents had been audited for any patterns and action taken if patterns emerged. The managers looked at the times and locations of accidents to see if there were any links. Weekly audits, monthly audits and quarterly suits, managers had a good grasp of everything happening at the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The managers were aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.