

Holy Cross Care Homes Limited

# Bradeney House Nursing & Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bradeney House is a large nursing home providing personal and nursing care to up to 101 people. The service primarily provides support to older people and those living with dementia. The service can also support younger adults with physical disabilities. At the time of our inspection there were 96 people using the service. This included people with learning disabilities whose primary need was nursing care.

The home is divided into smaller units and the majority of people have an en-suite bedroom. People have access to communal lounges and outside space. Two of the units offered same sex accommodation.

The service is also registered to provide domiciliary support however, no one was accessing that service at the time of our inspection.

### People's experience of the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People received the correct support however, the provider's electronic care plan system required reviewing to ensure there was accurate record keeping and to ensure staff had access to essential information especially for people on short term placements.

People were supported by sufficient numbers of/suitable staff however, further monitoring of call bell response times was required. People did not always feel their feedback was sought around mealtime experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

People had care plans in place however, the provider was in the process of reviewing these to ensure they contained specific information in relation to certain health conditions .

The home was kept clean and areas in need of attention were scheduled for refurbishment work which had already commenced.

People's end of life wishes had been considered.

#### Right Culture

The service had an open culture where concerns were discussed and investigated. People's communication needs were understood, and people's relatives had access to a family liaison worker who could assist them in raising any concerns.

People were able to receive visitors throughout the day.

Lessons were learnt when things went wrong although we did discuss the need to ensure there was effective recording of any outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good published 2 April 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the management of complaints. A decision was made for us to inspect and examine those risks.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Bradeney House Nursing & Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 3 inspectors and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bradeney House Nursing and care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bradeney House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also domiciliary care agency. This is to enable them to provide personal care to people living in their own houses on the same estate as the care home. At the time of inspection this service was not required.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

The inspection was unannounced

## What we did before the inspection

Prior to this inspection we reviewed the intelligence we held on this service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted the local authority, professionals who work with the service and Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

## During the inspection

During the inspection we spoke with 10 people and 14 relatives. We looked at 11 care plans and medicine records for numerous people. We looked at 4 staff recruitment files and spoke with 14 staff members including the registered manager, deputy manager, nursing staff, care assistants and ancillary staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a range of records used in the management of the service, including training records and health and safety records.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- We found the provider had a fire risk assessment in place and regular fire safety checks were made. Walking around the property we identified a potential fire hazard related to the storage of waste items outside two exit doors. The provider took immediate action to ensure items were removed and set up an alternate storage area away from the building.
- Risks within people's care plans were assessed. However, we found the provider's electronic care planning system had limited their ability to create bespoke care plans for health conditions such as, diabetes. The management team advised us they inputted the guidance for specific conditions into other care plans such as, diet and nutrition . We discussed with the registered manager the concern regarding staff needing to read multiple care plans to understand the risks a condition such as diabetes can create for an individual. We were reassured to be told on our second day of inspection, the provider had used our concern to speak with their electronic care plan provider and the company had increased their ability to implement bespoke care plans .
- We also found where people received re-enablement support, staff utilised paper-based assessments carried out by external professionals prior to their admission to deliver their care. Although this support was short term and we found no impact, there was no electronic care plan in place for them. We spoke to the registered manager the potential risk of something being missed if staff had to look at multiple information sources to ensure they were fully informed. The registered manager spoke to their team about this and by the second day nursing staff had begun uploading the paper-based care plans on to the electronic system.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received training in recognising and reporting abuse and the majority of staff could explain how to share information with the local authority. Staff confirmed their training was refreshed on an annual basis.
- People's relatives told us they felt people were safe as people had a good relationship with staff and the environment was secure.
- Several relatives advised their relatives needs could be difficult to care for but felt staff treated them kindly and understood how to support people who were at risk of self-neglect. One relative said, "[Relative name] is as safe as they can be. They can be very hard to care for, but the staff are amazing with them, especially when medicine or meals are refused."

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People were supported by nurses, care staff, activities staff and ancillary staff. The majority of staff worked

long days to ensure people had continuity of support each day.

- People were complimentary of the staff but the time to answer call bells was raised by several people. One person said, "On a normal day they do answer it but some days it can take longer especially, if they are short staffed." We discussed this with the registered manager, and they told us they could no longer run call bell reports, but they would carry out an exercise to gather people's feedback and speak to the provider to see how they could ensure this was monitored. We did not observe people waiting for support during our inspection.
- Staff told us they felt there was sufficient staff most of the time, the nursing staff told us they would appreciate more nursing assistance, to be able to focus without multiple distractions. One staff member said, "The staffing numbers are ok, if staff go off sick at short notice it can be difficult but usually replacement cover is found."
- The provider operated safe recruitment processes. New recruits' character, background and qualifications were assessed prior to them beginning their employment. For example, Disclosure and Barring Service (DBS) checks were carried out and these provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to receive their medicines safely.
- We reviewed the process for recording when medicine is checked into the home. We found 1 medicine had not been added correctly to the stock count. There was no impact, but as it affected several people's medicine, we raised this with the management team who took immediate action to ensure the medicine counts were checked and correctly recorded.
- People received their 'as required' medicine when needed. We checked the protocols in place to guide staff giving 'as required' medicine that had a sedative effect. We found the guidance was often generic stating 'give for agitation' without describing what agitation looked like for each individual. We spoke to the nursing staff who could describe how people presented when agitated and they agreed to ensure this information was recorded to assist new or agency nurses.
- We also found some nurses were only recording when 'as required' medicine was given in the nursing records and not always in the daily records. Nurses reassured us the staff knew when it had been given due to handovers. We discussed the potential risk of having information recorded in various sources and how something might get missed. We were advised this would be looked at as part of a review of record keeping.
- Medicine was stored securely and as instructed. Temperatures in the Clinic room and medicine fridge were monitored daily to ensure medicine was not compromised.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home had a dedicated team who maintained cleanliness around the home and staff had access to personal and protective equipment (PPE) to use when required.
- The provider followed best practice when they were concerned people may be suffering from gastrointestinal infections. When we arrived for the first day of inspection, we were advised some people in 1 particular unit had woken up feeling unwell. We were not prevented from visiting but we were advised to not visit unless absolutely necessary and personal and protective equipment was available if needed. We chose not to visit that particular unit until our second day of inspection when people were feeling better.
- We observed areas in the home where some of the paintwork was chipped, however, redecoration was taking place to ensure all surfaces could be effectively cleaned.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.



- We observed many visitors arriving over the two days to spend time with their friends and relatives.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager and the provider were both responsive when things went wrong, and investigations took place when something happened. However, more robust recording of the outcomes was needed. We noted on accident and incident forms not all the areas were completed after an incident.
- People gave examples of times staff had not done something right and more senior staff had come and retrained the staff member. One person said, "I didn't like the way some staff moved me so [staff name] came and showed them how I like it."

#### Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The provider followed a process which ensured people's capacity to make certain decisions was assessed and appropriate applications were made to deprive people of their liberty when required.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has remained good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People's life history and personal preferences were recorded for most but not all persons. We were advised the information is always requested but not all families are able to respond. We reviewed care plan information and noted relatives being asked about 'life maps'.
- People were supported with their protected characteristics. For example, some people were supported to attend religious services in the community.
- Staff reported they had a good working knowledge of people. One staff member said, "Knowing the residents is so important and for the residents to know the staff." When we questioned issues with the information held in people's care plans, we found the staff were knowledgeable.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- People's communication needs were discussed in their care plan and staff record if there had been a deterioration in people's ability to communicate and/or factors which may impact on a person's ability to communicate based upon how they are feeling.
- The family liaison role helped improve people's ability to communicate and seek improvements. For example, 1 person's sight was deteriorating so a talking clock was suggested and once in place this had led to improvements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Relatives were made to feel welcome, and the home had a dedicated family liaison staff member who supported communication across the home.
- Positive interactions were seen between relatives, people, and the staff team.
- People also had access to pets in the home which limited people's feelings of isolation.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider kept a log of complaints received and investigated them as required.
- We shared with the registered manager some of the concerns people had shared with us around call bells and their mealtime experience. The registered manager was responsive and implemented their own audit of call bells and the mealtime experience to ensure everyone's feedback could be gathered.
- During the inspection process we also received a concern from a relative which we shared with the registered manager and an immediate investigation was carried out. A written response was provided and the opportunity to discuss further offered. The registered manager took on board the feedback they received.

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- At the time of our inspection no-one was in receipt of end-of-life care. The provider worked with the GP and together they arranged for anticipatory medicine to be in stock for people receiving palliative care, 'just in case' it was needed. This was to prevent people experiencing delays in acquiring pain relief at a critical time.
- Families had been involved in discussions about people's end of life needs. Resuscitation wishes and plans for ongoing treatment following a serious health emergency were in place.
- The provider made sure all staff were aware of people's wishes and that the information was accessible to staff in an emergency.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers systems did not always effectively monitor the quality of the care provided to drive improvements.
- The provider had implemented an electronic care planning system which we found was limiting the providers ability to implement bespoke care plans for health conditions but also effectivity monitor key tasks such as the frequency of repositioning or the change of incontinence products.
- Some people accessed the service for short term re-enablement support and their care plans had remained paper-based and were reliant on professional reports provided on admission. It was not clear what outcomes the team should be prioritising and how the effectiveness of the care being delivered was being monitored.
- We also found gaps in various records during the inspection process which made it difficult to establish what actions had or had not been taken. We also discussed the need to ensure staff were recording information in consistent places. For example, where the administration of 'as required' medicine should be recorded.
- People raised some concerns about call bells and the mealtime experience, these areas were not being effectivity monitored and the provider was unable to offer any immediate reassurances due to needing to explore these concerns further.
- The registered manager was responsive to our feedback and did address any concerns raised.
- There was a positive and open culture at the service.
- Staff were complimentary of the management team and felt they could access support whenever needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- We spoke with 1 family who felt information surrounding an incident had not been forthcoming. We fed this back to the registered manager who carried out further investigation to ensure families were being given the right information at the right time.

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

- People and staff were involved in the running of the service and fully understood and took into account

people's protected characteristics.

- Staff received regular supervision. We reviewed the supervision records and noted the frequency had increased in recent months. Nursing staff confirmed they were receiving increased clinical supervisions and they told us they were finding this beneficial.
- Staff reported they had regular team meetings and there were also relatives meeting and opportunities advertised around the home for relatives to speak with the registered manager.
- People told us the meetings they had were not as frequent as they used to be as people often did not turn up. We discussed the need to ensure people's feedback continue to be gathered, with the registered manager, who showed us they had already began to action the point before the inspection visit concluded.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- We received mostly positive feedback from people. However, some concerns were raised and when we shared these with the provider they were acted upon. For example, requesting improvements to the electronic care planning system and ensuring people were able to give feedback.
- The management team were observed discussing issues and solutions at numerous times during the day.
- We were also informed of clinical improvements already in progress within the home. For example, we were made aware of a piece of work underway to review and ensure best practice was in place for all people with diabetes.

#### Working in partnership with others

- The provider worked in partnership with others.
- We were advised by a professional who visits the service that a positive relationship with the GP surgery has been observed and the home have engaged positivity in new initiatives and training for staff. They told us, "I have always had a pleasant and productive experience with any of my visits to Bradeney."