

Bange Nursing Homes Limited

Bange Nursing Homes Limited t/a Bradley House Nursing Home

Inspection report

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13 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Bradley House Nursing Home by the people who live there on 12 and 13 December 2016. The first day of the inspection was unannounced.

Bradley House Nursing Home provides nursing care for up to 34 older people. At the time of our inspection there were 29 people living in the home.

People were supported in one building over four floors. In the basement area there was room for seven people to receive nursing care; all the rooms were single bedrooms, there was a shared bathroom and a communal lounge and dining area in a large conservatory that had recently been modernised. Nine people could be accommodated on the ground floor; bedrooms were all singles, there was a shared bathroom, a combined lounge and dining area and a quiet lounge. There were rooms for 13 people on the first floor; these were a mixture of single and twin bedrooms and they shared a bathroom and a communal lounge and dining area. There were five bedrooms on the attic floor; people there shared a toilet and used the communal bathrooms and lounge/dining rooms on the other floors during the day. All floors could be accessed by a lift. A separate part of the basement also contained the registered manager's office, the staff room, some storage areas and the laundry.

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

Our last inspection took place on 15 and 16 December 2015. At that time the service was not meeting all the legal requirements. During this inspection we checked to see if improvements had been made.

The provider did not have an effective recruitment and selection procedure in place and did not carry out relevant checks when they employed staff.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. However, we found the home had not undertaken any fire drills for the last 12 months. We have made a recommendation that the registered provider reviews the latest fire safety guidance for nursing homes.

The home was generally clean and tidy, although we found a similar malodour at the reception area of the home; this was also noted at the previous inspection. The registered manager provided evidence that this area was regularly cleaned and the manager was looking at alternative ideas to eradicate this malodour from the home.

Staff knew how to keep people safe and how to raise any concerns if they suspected someone was at risk of

harm or abuse. Staff understood the risks people could face through everyday living and how they needed to ensure their safety.

We observed staff interacting with people in a positive, respectful and friendly manner. People told us staff were kind and caring. Staff were able to describe how they would support people to retain their independence and we observed aspects of this during the first day of inspection, particularly during the lunch time meal.

Medicines were managed safely and people had their medicines when they needed them. Regular checks on the management of medicines were carried out and action taken where shortfalls were identified. Staff administering medicines had been trained to do this safely.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Staff were provided with regular supervision and training to support people with their care needs. People were supported to have a healthy diet and to maintain good health. The service was working within the principles of the MCA. We saw evidence of completed mental capacity assessments, best interests meetings care records. Staff had completed MCA training.

Systems were in place to manage complaints and concerns. People and their relatives had the opportunity give feedback on the service they received and the provider took steps to ensure improvements were made.

We saw that a variety of activities and entertainment had been available to people, in order to provide stimulation and motivation.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

Care plans were complete and regularly reviewed. We saw any changes to care plans were reflected in handover documents to help ensure all staff were aware. Information on preferences, social history and interests were recorded. The provider told us they were in the process of implementing a new electronic care planning system that will replace the paper records.

There were a range of quality assurance audits which had identified areas for improvement. A home improvement plan demonstrated how these had been actioned.

People and staff told us they believed the home was well-led. Staff told us they felt supported by the manager and senior staff and were able to discuss any concerns openly. Records showed that staff received regular supervisions to support them in their role. Staff received training and induction prior to starting work and records showed that staff training was regularly monitored and updated.

The overall rating for this service is 'requires improvement'. During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Recruitment systems were not robust to ensure the safety of people using the service.

Fire drills had not been undertaken in the last 12 months to check that staff understand and are familiar with the operation of the emergency fire action plan.

People's medicines were managed so they received them safely.

Is the service effective?

Good 

The service was effective.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day-to-day work.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

Is the service caring?

Good 

The service was caring.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to advocates if they needed it.

There was clear emphasis on promoting people's independence and dignity and staff were respectful of people's wishes and

preferences.

Is the service responsive?

Good ●

The service was responsive.

People were offered opportunities to take part in activities that interested them.

People's care was reviewed to ensure it met their needs and relatives were invited to attend reviews.

A complaints policy was in place and relatives said that staff were approachable.

Is the service well-led?

Good ●

The service was well-led.

Bradley House Nursing Home had a registered manager in place who provided leadership and direction.

There were systems in place to monitor the quality of the service and to drive further improvements.

There was a clear staffing structure and a good staff support network

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Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 December 2016 and was unannounced. The second day was by arrangement.

The inspection team consisted of one adult social care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We sought feedback prior to the inspection from the local authority commissioning as well as the local Healthwatch board.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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.

On the day of the inspection we spoke with 15 people who used the service, five people's relatives, two members of care staff, one registered nurse, the chef, the registered manager and the clinical lead.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using

the service who could not express their views to us.

We looked around the building including in bedrooms, bathrooms, the kitchen and in communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

We asked people if they felt safe; those who answered said that they did. We also spoke with people's relatives and asked if they felt people were safe at the home. All five relatives said that they felt people were safe; one relative told us, "This is a safe home in my opinion" another said, "Yes it is safe here."

Through examination of records we found that recruitment and selection procedures did not meet the requirements of the current regulations. We looked at a sample of three staff files for the most recently employed staff in the service. Only one of the three files viewed contained all the necessary information required such as: application forms, references, health declarations, disclosure and barring service (DBS) checks and proofs of identity including a photograph.

One file we viewed did not record a full employment history, no references, and no evidence of health declaration. In the second file we viewed we found no references, and no health declaration. We found both newly recruited staff did have character references on file, however we found these were not suitable, as the character references were not the applicant's previous employer. Failure to obtain the correct documentation for prospective staff before they commence employment may place the welfare of vulnerable people at risk.

This is a breach of Regulation 19 (3) (a) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection we noted there was no signing in book for visitors at the main entrance; signing in books can be used by the emergency services to identify if visitors need to be evacuated from a building. The registered manager commented that she has attempted several ways of maintaining a signing in book in the reception area but that it was either removed or damaged by people using the service who lived with dementia. At this inspection we found the signing in book had now been located in a secure a location to ensure this was not removed or damaged.

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service had not assessed the risks to the health and safety of service users or done all that is reasonably practicable to mitigate any risks identified. For example, the home had an emergency evacuation plan, but we found that not everyone living at the home had a Personal Emergency Evacuation Plans (PEEPs). The PEEPs we saw were not up to date and people more recently admitted to the home did not have them. We also saw that the home's fire risk assessment had been reviewed in November 2015; actions had been identified but no action plan had been put in place by the time of our inspection. This meant that when actions were identified they were not always followed up and people might therefore be put at risk.

At this inspection we found there were up to date PEEPs for people living at the home. The registered manager confirmed the PEEPs were now updated regularly as part of the homes quality assurance checks. In January 2016 the Greater Manchester Fire and Rescue Service visited the home, and found the home to be non-complaint. The fire officer found the fire risk assessment was not suitable and sufficient. The home then

implemented a new fire risk assessment dated June 2016 to address this issue. However, the Greater Manchester Fire and Rescue Service visited the home again in January 2017 and felt the fire risk assessment was still not sufficient. The fire officer was in the process of writing an action plan for the home to follow to ensure the fire risk assessment met the required criteria of article 9 (1) of the Regulatory Reform (Fire Safety) Order 2005. The registered manager informed us after the fire safety visit that the home were now in the process of seeking professional fire safety advice and were hoping a new fire risk assessment would be completed by this specialist. This area will be reviewed during our next inspection.

Records confirmed that monthly and weekly checks were carried out of emergency lighting, fire doors and fire extinguishers. Hot water temperature checks were taken weekly and recorded.

During the inspection we asked to view the records in relation to fire drills at the home. We noted no fire drills had been undertaken in the last 12 months. Discussion with the registered manager confirmed this was an area the home was looking to develop. Fire drills should be carried out to check that staff understand and are familiar with the operation of the emergency fire action plan, to evaluate effectiveness and identify any weaknesses in the plan.

We recommend the registered provider reviews the latest fire safety guidance for nursing homes.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to clearly explain the action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the registered manager and were confident that appropriate action would be taken. We saw safeguarding was discussed as part of team meetings and staff supervisions. This should help ensure that the people who used the service were protected from abuse.

We saw from training records that 84% of the staff team had received safeguarding training in 2016, the other 16% of staff were due to complete this training in the forthcoming weeks. This meant staff had received regular safeguarding training, and were able to recognise abuse and knew how to report it.

At the last inspection we found a continued breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009. We noted that a number of notifiable incidents had not been reported to the local authority and to the Care Quality Commission (CQC); the requirement to report safeguarding incidents was also stated in the home's own safeguarding policy and procedure. At this inspection we found improvements had been made in this area. We checked the records of accidents and incidents and found the registered manager had made a number of safeguarding referrals along with notifying CQC.

We saw that each incident or accident was recorded and investigated properly by the registered manager and measures were put in place to minimise the risk of re-occurrence. For example, the registered manager informed us during the inspection that one person living with dementia had recently left the home when the fire alarm went off; this meant the fire escape doors were open. The management team and staff were not aware this person had left the home, until they received a call from a local shop owner who found the person walking near their shop. The registered manager commented that this situation has made the home become much more vigilant and confirmed the current systems in place were being reviewed immediately as a result to minimise this from happening again. The registered manager commented that this person's family were informed and thankfully this incident did not result in any injury to the person. This person has now had their risk assessments reviewed, along with the home's fire safety procedures, to ensure when any fire alarms go off a full check of the people will be undertaken.

Staff also completed ABC charts for people whose behaviours that can at times challenge others. ABC means Antecedent Behaviour Consequence and is a way of recording people's behaviours to help identify any triggers. Analysing ABC charts can help staff to understand people's behaviour that might challenge others so that situations can be better managed in future. During our inspection we saw numerous examples of care workers diffusing situations between people living at the home that may have led to aggression, by redirecting people with conversation and activities. Records showed that the registered manager was investigating incidents and taking appropriate action and care workers knew how to sensitively support people who were becoming aggressive.

During our inspection we looked at the systems in place for the receipt, storage and administration of medicines. A monitored dosage system was used for most of the medicines with others supplied in boxes or bottles. Monitored dosage systems consist of blister packs made up by a pharmacist, where the tablets each person takes at different times of the day are supplied in separate sealed pots. We checked the medication administration records (MAR) and saw that there were no gaps, and it was clearly recorded when people had refused to take their medicines or had not required it. Staff explained that when someone refused to take their medicine, they would try again later. If they still refused then this was recorded and medicines were disposed of in a safe manner. If this refusal continued staff told us they would inform the GP and senior managers. This meant that medicines administration was being recorded properly.

People's medicated creams were stored in their bedrooms and applied by the care workers after people had been assisted to bathe or wash. Application records and body maps to explain why, how often and where creams and lotions should be applied were kept in people's rooms and signed by the care staff who applied the creams. We checked two people's cream charts and body maps and found they were filled in correctly. This meant that people were receiving their topical medicines as prescribed by their GPs.

We saw the service had a safe process by which they disposed of unused medicines. We also checked that the controlled drugs were being stored and administered correctly. We saw they were stored securely and that everything had been signed by two staff members before they were administered. This meant that controlled drugs were being administered safely. We saw that fridge temperature checks were recorded daily to ensure those medicines which required to be stored in the fridge, were done so safely. We saw that when people were prescribed 'as and when' medicine (PRN), there were appropriate protocols in place to support staff to know when to administer these.

Upon entering the front door of the building on the first day of inspection we noted an unpleasant odour that seemed to be concentrated around the reception area of the house, we found this was also the case during our last inspection. We spoke with the registered manager who explained that people living at the home had in the past mistakenly urinated in the reception and that was the source of the smell. The registered manager described in detail how the home has attempted to eradicate this odour, by having the mat at the front of the door cleaned once a week and ensuring air fresheners had been installed. We noted that on the second day of the inspection the odour was much improved. The registered manager confirmed she would look into this matter further in attempt to eradicate this unpleasant odour from the home. This meant that the registered manager had responded to feedback about the odour and had put measures in place to try and address it.

During this inspection we looked in bathrooms, communal areas, the kitchen and in people's bedrooms and we found these areas to be clean. We discussed the cleaning schedules with the registered manager who confirmed the service still used cleaning contractors at the home.

At the time of our inspection, Bradley House Nursing Home was providing nursing care for 29 people over

four floors. We asked the registered manager about staffing levels and checked the staff rotas.

People we spoke with gave positive views on whether there were enough staff on duty at the service to meet their needs. One person said, "There is enough staff, they know me well here"; "If you need them they are available" and "I don't think there is any problems with the staffing levels."

The day shift, which started at 8am, was staffed by one or two nurses and seven care workers. Other staff on duty included a laundry worker, a cook, an activities coordinator, the clinical lead, a director whose role was that of general manager and the registered manager, who was also a registered nurse and one of the providers. The home used a cleaning contractor to provide cleaning staff.

We saw people were attended to within acceptable timescales. The atmosphere on all floors during the two day inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when rang, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties. This meant we saw sufficient staff on duty on each unit at Bradley House Nursing Home on the days of our inspection.

Is the service effective?

Our findings

We asked the representatives of people using the service at Bradley House Nursing Home if they found the service provided to people to be effective. People spoken with confirmed the service was effective and we received comments such as: "It's a flexible service, they will always get a doctor out if my [person's name] is unwell."

At the last inspection we found a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the service had not ensured that staff employed received the appropriate training and support necessary for them to carry out their duties.

At this inspection we found significant improvement had been made. The registered manager said the home had recently purchased new training resources that provided a comprehensive programme of training. We examined the training records and were told staff now received training on a regular basis. Three members of staff told us they felt confident in their roles because of the training on offer. Training records showed that staff were offered on-going training opportunities and refresher training in areas such as moving and handling, safeguarding, medication, fire safety, dementia awareness, infection control, Mental Capacity Act 2005 and deprivation of liberty safeguards.

At this inspection we found care workers induction now included the Care Certificate which started in April 2015. The Care Certificate is a set of standards against which the competency of staff new to health and social care can be assessed. It is not a legal requirement but if services do not use it they must be able to demonstrate how their own induction prepares new care workers to support people safely and how care workers' competence has been assessed. This meant the service had now ensured that staff employed received the appropriate training and support necessary for them to carry out their duties.

Staff told us they felt well supported by the registered manager and senior staff members. They had regular one to one supervision sessions with a senior staff member every seven to eight weeks with an annual appraisal. The manager provided supervision to qualified nurses. One staff member said, "We are supported well here, we can always rely on that." Another staff member said, "We've got better now since the clinical leader came; the team is more complete, we work together and support each other." Another member of staff told us they had regular supervisions and felt comfortable with approaching the managers for support in between supervision meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 when this is in their best interests and legally authorised under the MCA. The application procedures of this in care homes and hospitals, is

called Deprivation of Liberty Safeguards (DoLS).

All of the people living at the home lacked mental capacity and had complex health care needs which meant they required constant supervision or would be prevented from leaving unaccompanied, so applications for DoLS authorisations were necessary. We checked two DoLS authorisations for people living at the home to see whether the service was working within the principles of the MCA. We saw that capacity assessments and best interest decisions for DoLS had been completed properly by the home and applications had been made to the local authority. The registered manager understood the process of applying for DoLS and had a list of people living at the home whose DoLS authorisations were going to expire and would require reauthorisation. She was also in the process of completing applications for the people most recently admitted to the home. CQC had been correctly notified of applications for DoLS which had been authorised.

We looked in people's care files and found that capacity assessments and best interest decisions had been carried out for the various aspects of care and treatment provided by the home and for the use of bed rails to keep people safe at night.

We observed the lunch time meal on our first day. We saw that people had soup and a sandwich for their lunch followed by a piece of cake. The main meal of the day was served at tea time and was shepherds' pie and vegetables on the first day of our inspection. Our expert by experience person ate lunch with people using the service. They thought that the quality of the food was acceptable and the portion size was adequate. People who used the service were offered a choice of drinks several times during the lunch time period.

During the meal we also saw that care workers promoted people's independence by encouraging them to eat meals by themselves; however, when it was clear that people couldn't manage or required assistance it was provided promptly.

There was a four week menu which provided a good variety of food to the people using the service. The catering staff member we spoke with explained that choices were available and special diets such as diabetic meals were provided if needed. The cook explained that they were aware of people's likes and dislikes and that the senior staff told them if someone had any specific dietary needs. Everyone we asked said that they liked the food they were being offered at mealtimes.

We saw records of people's food and nutritional requirements were kept in the kitchen. For example, they recorded who was diabetic, who needed assistance with their meals and who needed soft or pureed foods. When people have problems swallowing their food it can increase their risk of inhaling it which can lead to chest infections.

During the inspection we spoke with one healthcare professional who was visiting the home. The healthcare professional was complimentary of the standard of care being delivered to people at the home and commented, "I find the service friendly and approachable, and they will always keep me informed if they have any concerns about any of my patient's health."

We saw from observation and from support plans that people who used the service had complex health needs which required input from a range of healthcare professionals. In the three support plans we looked at we noted individuals had been seen by a range of health care professionals including GPs, opticians, dentists, a physiotherapist, chiropodists and other specialist healthcare professionals. Visits were recorded in the daily records for each person and upcoming appointments were recorded in their care files.

At the last inspection we saw that the building had been modified to make it dementia-friendly. At this inspection the registered manager commented that the home was seeking advice from an external advisor to suggest ideas on how the home could become more dementia-friendly. The registered manager commented that the home was looking to convert one of the lounges into a specially designed activities room furnished for the purpose, and decorated as a reminiscence room. This will be arranged such that, when not in use for activities, it can still be used as an additional lounge. Work on design was well advanced and it was hoped to be completed within the next couple of months. This meant that the service had followed up to date guidance to make the environment dementia-friendly for the people who lived at the home.

Is the service caring?

Our findings

We asked the people using the service if the staff were caring. One person told us, "Been here a long time and I like it" and "The staff are lovely, I like them all."

Relatives confirmed they thought the staff were kind, courteous and treated people with respect. All the people we spoke with said that they felt well cared for and liked living at the home. Care records detailed what name people preferred to be called by and we observed staff using their preferred names.

People's privacy and dignity were respected. We observed that people were wearing clean clothes and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted. When asked if staff respected their privacy and dignity and whether they asked permission before doing something, two people responded, "This is a caring home, the staff always knock before entering" and "I am respected by the staff, yes without a doubt."

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through discussion and observation it was clear that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given when needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team.

We saw that people's bedrooms had been personalised with their own furnishings, ornaments and pictures. The home was festooned with Christmas decorations in both the communal areas and in each person's bedroom. A lot of the decorations appeared handmade and when we asked a care worker we were informed that the activities coordinator had spent the last couple of weeks involving the people living at the home in making decorations. This showed us that people were encouraged to individualise their rooms and the staff also tried to encourage the people to make the building welcoming and homely and respected people's wishes to celebrate Christmas.

People living at the home were provided with information on advocacy services on admission and we saw referrals to advocacy services in people's care files. Advocacy services help people to access information, to make decisions and to speak out about issues that matter to them. Helping people to access advocates meant that the service was promoting their rights and independence.

We saw that the home had registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. The registered manager was confident the service was readily available to support people through the end of life process. Discussion of previous people who once resided at the home confirmed this was the case. Documentation showed us that the home initiated dialogue with people and their relatives about end of life wishes in a sensitive yet informative way in advance of their requirement so that plans would be in place when the time came.

People's wishes for their end of life care were recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned and their family were involved in this decision.

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's training programme.

Is the service responsive?

Our findings

People had a pre-assessment drawn up for them prior to moving into the home to help ensure that Bradley House Nursing Home could meet their needs. These assessments were used as the basis of the person's care plan. The pre-assessment covered areas such as a person's health needs, communication, risks and nutritional requirements.

Care plans were written in a person-centred way and contained detailed information for staff. Where one person had diabetes, guidance was in place for staff on how to manage this. Other people had information relating to their communication or behaviours as well as their life history, likes and dislikes. Information recorded in the care plans meant staff would be able to identify and respond appropriately if a person's needs changed. One person was at risk of choking and we noted their care plan recorded specific aspiration guidelines with the incorporation of a speech and language therapist.

When people's needs changed their care plan was reviewed and updated to reflect their latest care requirements. Staff told us they always attended a handover before starting their shifts. They said handovers were always given by the registered nurse completing their shift. They said handover meetings were used to discuss any changes in people's needs or people who were unwell and may need increased monitoring. Discussion with the registered manager confirmed she was looking to incorporate the handover times in the registered nurses shift patterns to ensure this process was not rushed.

In addition to daily records, each person also had a file which was kept in their room, where other aspects of care were recorded. These included a record of the personal care that staff had assisted the person with, topical cream charts and body maps, position charts for those people who need help to turn over in bed and a pressure mattress log, whereby each mattress was checked regularly to ensure it was working properly. We checked six people's room charts and found that they had been completed and were up to date. This meant that people were receiving the care interventions they needed and staff ensured that accurate records were kept.

At the last inspection we found Bradley House Nursing Home had an innovative method of recording night time care interventions provided by the care workers. Each bedroom had a barcode on the wall next to the light switch which the night care staff swiped with a hand held device as they entered the room. This hand held device was then used to record the care the person was assisted with or other checks that were made, for example, continence care, whether bed rails were in situ or if the person was in bed or not. We saw that the director could review the electronic system to find out what support people had received and when during the night. At this inspection we noted this system was still in place and continued to work efficiently. It also meant that night care workers could focus on providing care rather than on writing notes kept in people's rooms, thereby allowing people to sleep.

There were a range of activities available to people at Bradley House Nursing Home. The home employed a full time activities coordinator who was very enthusiastic about their role. We looked at the records kept by the activities coordinator; they listed people's names, the activities they had done or had chosen not to

participate in and the date. Keeping records helped to ensure that the activities coordinator spent time with every person at the home and could identify which activities each person liked and disliked. The activities coordinator said that regular trips were arranged to the local pub, nearby gardens and to the church for coffee mornings. A church representative provided non-denominational religious support for people weekly at the home.

During the inspection we observed the activities coordinator and other care workers engaging people with games and activities, as well as with individual and group chats. We saw that people were asked their preferences as to whether the television or radio was on in communal areas.

People told us they enjoyed the activities. A relative told us the programme of activities was good. The activities organiser recognised the importance to identify more opportunities for one to one activities because the numbers attending group activities was limited reflecting the frailty of some people in the home.

People told us they would speak with staff or the registered manager if they had any worries or concerns. People were aware they could make a formal complaint if they wished.

There was a system of reporting and responding to complaints and concerns in place at the home and the complaints procedure was clearly displayed. We checked the complaints records and found that any complaints received had been investigated and responded to appropriately.

Is the service well-led?

Our findings

We asked people and their relatives what they thought about Bradley House Nursing Home and the way it was run. One person told us, "It a lovely place here." Another person described the registered manager as, "Lovely." Relatives we spoke with said of the registered manager, "The manager is approachable if you have any concerns" and "They have a good team here."

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

The home had recently employed a clinical lead who was responsible for a number of tasks within the home such as care planning, and medicines. The clinical lead was currently in the process of migrating the paper care records to a new electronic care planning system purchased by the home to replace the paper-based system.

At our last two inspections in April and December 2015 it was identified that there were issues with the consistency of the audits at the home which constituted a breach of the regulation relating to good governance. This meant that issues may have reoccurred but had not been identified.

At this inspection we found vast improvements had been made. Good quality assurance processes were in place to help ensure the quality of the service provided. Medicines audits took place monthly and the provider carried out a monthly audit on the home which covered notifications, the environment, care plans and training. We saw an action plan was then completed and updated following these audits. This showed where internal audits and action undertaken by the registered and clinical lead had identified areas for improvement. The plan provided evidence of on-going improvement.

Satisfaction surveys provided feedback from people and relatives about the service. We noted this process had last been completed in March 2015 and the results were made available after our last inspection in April 2015. The registered manager was looking to review this system therefore no surveys had yet been distributed for 2016. We will review this area during our next inspection.

At the last inspection we noted the home was not holding meetings for people's relatives and friends at the time of our inspection. The registered manager said that it was not something the home had ever done and was not aware that there was a need for them. She said the home operated an open door policy and relatives were encouraged to feedback any issues to her in person at any time; our discussions with people's relatives supported this. At this inspection we found this was still the case with meetings not being arranged for people's relatives and friends. The registered manager acknowledged this was an area the home were considering to introduce and hoped to have one scheduled in the new year. We will review this at our next inspection.

We asked the staff if they felt supported by the registered manager; they told us, "Absolutely, it's a great home to work for, the manager is extremely fair"; "I am happy here, the management team are supportive" and "They always listen to you if you have any ideas about the home."

Staff meetings took place every two to three months providing staff with an opportunity to discuss service provision and put forward any ideas for improvement. A staff member told us at team meetings they discussed important items such as how to be more effective in caring for people. Staff meetings also provided the registered manager with the opportunity to update staff about service developments and any important changes in legislation and practice.

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person had failed to obtain the necessary information to safeguard people and demonstrate safe recruitment practice.