

Kent Old People's Housing Society Limited

Bradstowe Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bradstowe Lodge is a residential care home providing accommodation for people requiring personal care to up to 27 people. The service provides support to older people in one large adapted building. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found

People told us staff working at Bradstowe Lodge were "all lovely", "interested in me" and "everyone is kind and thoughtful". People felt comfortable living at the home and a person told us, "This is my home now." We found improvements had been made at the service, but further improvements were needed to comply with regulations and ensure people always received a good service.

Checks and audits had improved but action had not always been planned to address shortfalls found. People's records were not always complete. Detailed guidance was not available to staff about how to mitigate risks to people and provide their care in the way they wanted.

People were involved in planning changes at the service and the provider acted on feedback received from people and staff. Staff offered people choices in all areas of their life and respected decisions they made. People told us they were supported to remain independent and had enough to do during the day.

Risks to people had been identified and staff had the skills and knowledge to keep people safe. Staff had been recruited safely, completed an induction and received further training around people's needs. Medicines were managed safely and people received their medicines as prescribed. Lessons had been learnt when things went wrong and action had been taken to reduce the risk of them from happening again. People were confident to make complaints but had not felt they needed to.

People told us they felt safe at the service. Staff knew how to identify and report any safety concerns. Staff had assessed people's needs before they began using the service. Any changes in people's health were identified promptly and they were referred to health care professionals. People were supported to be comfortable at the end of their lives. People had enough to eat and told us the food was "extremely good".

The service was clean, and staff followed safe infection control processes. The building had been adapted to people's needs and people were encouraged to decorate their bedrooms as they wished.

A new manager was leading the service, they were experienced and staff told us they were approachable and supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 6 October 2022). We took enforcement action against the provider and applied a condition to their registration requiring them tell us each month the action they had taken to improve the service. At this inspection we found some improvements had been made, but the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 19 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradstowe Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to accurate and complete records and acting on shortfalls found at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement ●

The service was not always 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.

Bradstowe Lodge

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

This inspection was completed by an inspector.

Service and service type

Bradstowe Lodge 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. Bradstowe Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. The provider had appointed a manager at the home in September 2022 and they intended to apply to become the registered with the Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people about their experiences of the service. We spoke with 10 staff including the nominated individual, manager, deputy manager, head of care, and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care records, medication records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to manage risks to people's health and welfare. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been identified, action had been taken to protect people from harm and lessons learned to prevent reoccurrence. However, detailed guidance continued not to be available to staff about how to mitigate risks. Staff used their training and experience, supported by the leadership team, to manage risks and keep people safe.
- The manager completed a robust analysis of accidents and incidents each month to identify any patterns or trends. Action they had taken to reduce risks had been effective and monthly analysis showed the number of falls had significantly reduced.
- Staff knew how to identify risks related to catheters. They knew the signs of a possible infection and the action to take if catheters were not draining as expected. Catheter bags were changed regularly and staff knew when this was to be done. General guidance from health care professionals was available to staff about how to support people. However, guidance related to each person's needs remained limited.
- At our previous inspection risks relating to mobility, diabetes management and falls were not safely managed. We found at this inspection action had been taken and people had appropriate assessments and guidance in place for staff to follow. People told us they felt safe with the support provided by staff.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines management processes had improved since our last inspection and people were no longer at risk of harm. People told us they received their medicines regularly and when they needed them. A person told us staff checked several times a day if they needed pain relief. No one had chosen to manage their own

medicines.

- Some people were prescribed medicines 'when required' such as pain relief. Guidance was in place for staff to follow, including the maximum dose in a 24 hour period and the minimum time between doses. People told us staff offered them their medicines regularly and they could also request them when they needed them.
- Medicines records were complete and accurate. Handwritten entries had been countersigned by 2 staff to confirm they were accurate. When new people moved into the service they were required to bring their medicines in their original packaging so staff were clear about the medicines and how they were to be administered.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and could identify risks of abuse. They knew how to raise any concerns they had with the manager or provider and were assured these would be addressed. Staff knew how to whistleblow concerns to the local authority safeguarding team.
- People told us they felt safe living at the service. They were confident to raise any concerns they had with staff.
- The manager knew how to share safeguarding concerns with the local authority safeguarding team and the Care Quality Commission.

Staffing and recruitment

- There was enough safely recruited staff to support people. A person told us, "Staff come as quickly as they can (when they called for assistance)." Staffing levels were based on people's needs. The manager kept staffing levels under review to make sure there were always enough staff on duty. We observed staff responded quickly to people's requests and spent time with people.
- Staff had been recruited safely. Checks had been completed on staff's character, skills and experience. Disclosure and Barring Service (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us their relatives could visit whenever they wanted. There were no visiting restrictions. People told us staff supported them to go out with their family or visit them at home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to consistently complete an assessment of the needs and preferences for people's care and treatment. This was a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's needs were assessed before they were offered a service. Assessment processes had improved but further development was required. The provider used an electronic assessment and care planning system, which included recognised assessment tools. Staff had taken effective action to reduce risks to people based on the outcomes of assessments. However, detailed guidance had not been provided to staff around this.
- Two members of the management team met with people and their representatives to discuss their needs and wishes prior to delivering care. Information was available to staff when people moved in, so staff knew how to care for people.
- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them. People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.

Adapting service, design, decoration to meet people's needs

- The service had been appropriately adapted and improved to meet people's needs. At our previous two inspection we noted that accessible signage had not been used to support people to move around the building independently. At this inspection we observed people moving round without support. Signs were in place and the manager was reviewing the placement of signs to ensure they were easy for everyone to see. They were also exploring signs which included symbols to make them easier to understand.
- People told us they had been encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. People's bedrooms were personalised and comfortable.

Staff support: induction, training, skills and experience

- Staff had the skills, training and support they needed to keep people as safe and well as possible. Since

our last inspection the manager had put systems in place to offer staff regular supervision. All care staff had met with the manager at least once to discuss their role and development. Staff told us these meetings were supportive.

- New staff completed an induction when they joined the service. This included shadowing experienced staff for several weeks, to learn about people, their needs and preferences and the processes at the service. A staff member told us, "I learnt what people like and what was expected of me."
- All staff were required to complete regular training and checks were completed to ensure training was up to date. This included training to meet people needs including dementia, diabetes and catheter care. Staff completed practical moving and handling training to ensure they had the competency to move people safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Food was prepared to reflect peoples' individual needs, including low sugar meals for diabetics. Drinks were available all the time and staff monitored what some people drank to make sure they drank enough.
- People had a choice of meals each day. A person told us, "There are lots of different things for breakfast." People had been involved in planning the menu and their preferences were included. Fresh fruit was available in fruit bowls around the home at people's suggestion and paste had been purchased for sandwiches at teatime.
- People at risk of choking were offered meals modified in accordance with health care professionals advice. Staff supported people to sit up straight which reduced their risk of choking. People ate without support and staff monitored them for any signs they were at risk.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access other healthcare services and professionals in an effective and timely way. People told us staff contacted their GP or nurse when they needed it. Staff identified changes in people's health care needs and requested support for them promptly. For example, when people's skin was sore or their blood sugar levels were higher than usual.
- When people had lost weight, they had been referred to their GP or dietician. Staff followed their advice and people had gained weight.

Ensuring consent to care and treatment in line with law 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of MCA and supported people to make day to day decisions. This included choices about what they did and where they spent their time. Staff gave people the information they needed to make the decisions and showed them options to help them decide. Staff discussed with one person if they wanted to see the hairdresser and told the person, "It's up to you, it's your choice". The person

visited the hairdresser and made further choices about the style they wanted.

- People's ability to make individual decisions had been assessed. Such as, to have their photograph taken and for staff to manage their medication. When people were unable to make specific decisions, these were made in their best interest by people who knew them well. This included people's families and health care professionals.
- The risk of people being restricted had been assessed and applications had been submitted to the local authority for DoLS authorisations. People were able to move around the building as they wished. A person told us, "I can go wherever I want. No one stops me from doing anything".

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 requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to have maintain an accurate and complete record for each person. This is a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17.

- People's care plans continued to contain limited information about their choices and preferences. For example, how they liked to be supported and when. This had not impacted on people as they were able to tell staff about their preferences and staff knew them well. However, there remained a risk people would not receive consistent care because no guidance had been put in place for staff.
- Limited guidance was in place for staff around how to meet people's needs. For example, the equipment and techniques to use to help people turn over in bed. Staff relied on their knowledge and experience, however there was a risk people would not receive safe care.
- People's end of life plans continued to contain little or no information about their end of life preferences, including their spiritual needs, who they wanted to be with them and where they wished to be at the end of their life. There was a risk people's wishes would not be followed and this would cause them worry and distress.

The provider had failed to have maintain an accurate and complete record for each person. This is a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action had been taken since our last inspection to include information about people's family, and life before they began using the service. Such as jobs they had held, favourite holidays and places they had lived. We heard staff chatting to people about things which were important to them.
- People who wanted to, were supported to remain at the service at the end of their life. Staff worked with health care professionals to make sure people were comfortable. Staff had arranged for one person's medication to be reviewed towards the end of their life, to ensure they were only taking the medicines they needed.

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.

- People received information in the ways they preferred. This included meetings, chats with staff, minutes of meetings and a monthly newsletter. A pictorial calendar was kept up to day so people know the day and date. The manager was looking at ways to improve communication such as easy read documents.

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 told us they were able to maintain relationships and take part in activities, and there was always enough to do. Some people took part in household activities such as folding laundry and the manager was exploring other ways people who wanted, could take part in domestic tasks.
- An activity plan was on display and people chose what they took part in. They told us they enjoyed the activities on offer including cake making. People had been asked about improvements they would like to activities and trips out were being planned in response to their feedback.

Improving care quality in response to complaints or concerns

- A process was in place to receive, investigate and respond to complaints. People told us they raised any minor concerns they had with staff and these were addressed. They were confident to raise any complaints and were assured these would be listened to and acted on.
- The manager encouraged people to raise any day to day issues, so they could be resolved before they became a complaint.
- No complaints had been received.

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 inadequate. 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.

Continuous learning and improving care

At our last inspection the provider had failed to effectively monitor the risks and improve the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was remained in breach of regulation 17.

- Improved quality assurance systems had been put into operation since our last inspection. However, action had not always been taken to address shortfalls found. The management team and provider had identified the electronic records system did not support staff to maintain detailed care plans and risk assessments. No action had been taken to understand the system and what action was required to ensure records were always robust and complete.

The provider had failed to improve the quality and safety of the services provided. This was a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We took enforcement action against the provider after our last inspection, requiring them to send us monthly reports of the outcome of audits they had completed and the action taken to address shortfalls. The provider had sent us the reports are required.
- Following our inspection, the provider booked training for staff so they could understand what the electronic records system was able to do and if further action was needed.
- Members of the provider committee now visited the service regularly and completed checks and audits. They checked all areas of the service and had oversight of what was happening. This included checking and verifying audits completed by the management team.
- Effective medicines audits were now in operation. When shortfalls were found action was taken to stop them from happening again. For example, the January 2023 audit found one staff member had not signed medicines records on several occasions. The manager had meet with the staff member and reminded them of the importance of keeping accurate records. No further records shortfalls had been found after this time.

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

At our last inspection the provider had failed to act on feedback from people to improve the service was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People, relatives and staff had been asked for their views of the service. People attended monthly meetings and their suggestions were acted on. A person told us they had suggested more frequent armchair exercises and these were now offered.
- Since our last inspection, lunchtime had been moved to 12.30 at people's request. Everyone agreed this was a better time for lunch and people had developed an appetite after breakfast. One person told us, "Lunch as 12:30 is much better".
- Feedback had been provided on the actions taken and was displayed at the service. People had requested easier ways of calling staff when they needed support and lanyard call bells were now in use. People told us this gave them reassurance as they moved around the service without support. A monthly newsletter had been put in place and a party was being planned for the King's coronation.
- Staff had completed a survey sharing their experiences in November 2022. Their feedback had been positive. Some staff had requested more regular supervision meetings and these had been put in place. Staff told us they were confident to make suggestions to the management team and these were listened to and acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the provider had appointed an experienced manager to lead the service, who was aware of the regulatory requirements. The provider told us they were, "fantastic, totally brilliant". The manager was supported by a deputy manager and head of care. The manager had been working at the service since September 2022 and intended to apply to be registered with the CQC.
- Staff told us the manager was "approachable", "easy to talk to" and "supportive". One staff member told us the management team, "Always help and don't leave me to deal with things myself".
- New staff told us they had been made welcome by the staff team. They told us other staff had helped them and the management team had encouraged them to ask for help if they needed it. Staff worked together as a team and supported each other to complete all the required tasks. One staff member told us all the staff "muck in" to get things done.
- Services that provide health and social care to people are legally required to inform the CQC, of important events that happen in the service. This is so we can check appropriate action has been taken. This had improved since our last inspection and the manager had submitted notifications as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- An open culture had developed between the management team and the provider. The provider told us the manager was open with them when things had gone wrong and together they explored what action was required to "make it right".
- The provider told us they were committed to making improvements at the service. They had been "shocked" by the findings of our previous inspection and wanted, "happy, safe residents and happy staff". They recognised further work was required to achieve a consistently good service.
- The manager had developed a culture which was centred around people. People's views and experiences were valued, and staff included people in decisions which affected them. People told us they were supported to remain independent and staff only gave them support when they wanted. One person told us,

"Staff wash my back. They do whatever I ask". Another person told us staff accompanied them in the lift as they preferred this.

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; Working in partnership with others

- The provider and manager were open with people and staff about the improvements required at the service. Everyone we spoke with told us the service had improved and they were pleased with this.
- The manager and staff worked in partnership with health care professionals to keep people safe and well. Some staff had completed training to administer people's insulin and further training was booked with community nurses. This meant people would not have to rely on community nurses visiting to administer their insulin, which could be delayed at times and could have their insulin at regular times of their choice.
- The manager understood their responsibility to apologise to people and their relatives when things went wrong.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have maintain an accurate and complete record for each person.</p> <p>The provider had failed to improve the quality and safety of the services provided.</p>