

Mrs E Laycock

Bradley House Residential Care Home

Inspection report

Bradley House
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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?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection of Bradley House Residential Care Home on 2 August 2016. During our last inspection on 17 March 2015, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to hazards in the environment, cleanliness, storage of records and quality assurance systems. The provider wrote to us with an action plan of improvements that would be made. During this inspection we found most of the improvements had been made.

You can read the report from our last inspection by selecting the 'All reports' link for Bradley House Residential Care Home on our website at www.cqc.org.uk.

Bradley House Residential Care Home is a 10 bedded home that provides accommodation for persons who require personal care. At the time of our inspection there were nine people living in the care home.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection on 2 August 2016, we found that sufficient action had been taken in relation to the requirement actions we had issued following the previous inspection. Overall, although we found improvements had been made, further improvements were still needed.

We identified a breach of regulation with regard to medicine management. People's medicines were not managed safely. There were shortfalls in the recording and administering of some medicines. The recording of medicines, including those that require additional security was not sufficient. Topical medicines were not always recorded to confirm they had been applied.

People who lived in the home felt safe. Staff had a clear understanding of how to safeguard people from avoidable harm and abuse. Sufficient numbers of staff were deployed to meet the needs of people living in the care home.

People were supported to eat and drink and their nutrition and hydration needs were being met. We found people's specific and assessed needs were not always recorded for the use of fluid thickening agents. We have recommended that current NHS guidance is followed.

People told us they enjoyed living in the home and felt cared for by staff. They told us staff knew their needs well. Staff were kind and caring. We found people were being treated with dignity and respect and we found people's privacy was maintained.

Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant people's rights were protected.

There were some improvements in the systems and audits in place to assess and monitor the quality of the home. Further improvements were needed and we found shortfalls in relation to systematic completion of audits and identification of shortfalls. For example, in relation to management of medicines and the health and safety risks of scalds from baths. We have recommended that the provider completes a thorough scalding risk assessment in accordance with current Health and Safety Executive guidance.

We found one breach of the regulations at this inspection. You can see what action we 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.

Medicines were not always safely managed.

Staff were deployed in sufficient numbers to meet people's needs. People who used the service and staff spoke positively about staffing levels.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Recruitment procedures were in place and appropriate checks were completed before staff started in post.

Is the service effective?

Good 

The service was effective.

Staff received supervision and training to carry out their roles.

People's rights were protected in accordance with the requirements of the Mental Capacity Act (2005). Where people had been deprived of their liberty, this was done in accordance with legal requirements.

People received support with their health care needs and advice was sought from health care professionals.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect by staff.

Staff provided caring, thoughtful and compassionate care.

Is the service responsive?

Good 

The service was responsive.

Care plans were person centred and reflected people's changing

and current needs.

A complaints procedure was in place and this was easily accessible.

Is the service well-led?

The service was not always well- led.

Systems were partly in place for monitoring quality and safety. Further improvements were needed to make sure shortfalls were identified and acted upon.

Staff were supported sufficiently and given opportunities to express their views and concerns.

People and staff felt confident with the registered manager. People told us the registered manager was accessible to them.

Staff enjoyed working in the home. They told us it was a good place to work and they felt valued by the registered manager.

Requires Improvement 

Bradley House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Bradley House Residential Care Home on 2 August 2016. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

Before carrying out the inspection we reviewed the information we held about the care home. This included the report we received from the provider which set out the actions they would take to meet the legal requirements following our inspection in March 2015. We also looked at the notifications we had received. Notifications are information about important events which the provider is required to tell us about by law.

The provider had not completed and sent us a Provider Information Return (PIR). This is a document which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who lived at the home and one visitor. We spent time with people in their bedrooms and in communal areas. We observed the way staff interacted and engaged with people. We spoke with the registered manager, three care staff, one member of housekeeping staff and a visiting health professional. We observed how equipment, such as pressure relieving equipment and hoists, was being used in the home.

We looked at three people's care records. We looked at medicine records, staff recruitment files, quality assurance audits records and other records relating to the monitoring and management of the care home.

Is the service safe?

Our findings

Medicines were not always managed safely. Medicines were dispensed by a pharmacy and most were received into the home in blister packs. Other medicines were received in individual named boxes or bottles. Medicines were checked by senior staff and recorded on Medicine Administration Record sheets (MARs) when they were received. Amounts of medicines left over and carried forward from previous months were not always recorded. For example, there were five additional 300ml bottles of oral pain relieving medicine for one person. The total amounts in stock were not recorded. This meant people's medicines were not accurately accounted for.

Medicines that require additional security were not recorded and accounted for in accordance with the Misuse of Drugs (Safe Custody) Regulations 1971. A loose leaf folder was used to record medicines that required additional security. The use of a loose leaf folder is insufficient and does not meet the legal requirement. One of these medicines had been recorded on the MARs. It had not been recorded in the folder. This did not meet the legal recording requirement. We were told by staff the medicine was for visiting health professionals to administer if it was needed.

One person was prescribed oral pain relieving medicine to be given, when required, for pain relief. The bottle used to give the person their medicine was dispensed by the pharmacy in January 2015. The date of opening was not recorded. This medicine should be discarded 90 days after opening. This meant people may have received medicine that was no longer effective.

Topical medicines were stored in people's bedrooms. The care plans provided guidance about where and when the medicines should be applied. The medicines were not signed for on MARs or topical MARs to confirm when they had been applied. This meant the effectiveness of the medicines may not be accurately assessed or monitored.

We spoke with staff who were unable to tell us about the safe management of medicines. They had not been suitably trained. The last recorded medication training was completed by one member of staff on 19 September 2011. The provider's policy was not detailed and did not provide sufficient guidance about the safe use and custody of medicines. This meant people were at risk of receiving their medicines in an unsafe way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were completed and management plans were in place for most, but not all of the risks identified. These included mobility, nutrition, falls, bathing and environmental risks. The bath water temperature in one bathroom was very hot to touch. The records confirmed that the temperatures were checked when people were supported into the bath. The registered manager told us that everyone was assisted with bathing. However, the person in a room near the bathroom was mobile. Their care plan stated, "Baths himself, check bath temperature ok." This did not fully mitigate the risk of the person running more

water, and being immersed and scalded in the bath.

We recommend that the provider completes a thorough scalding risk assessment in accordance with current guidance from the Health and Safety Executive, Health and Safety in Care Homes.

When we inspected the care home in March 2015, we found hazards outside the care home, a person was smoking in the laundry room, and areas of the home were not clean. At this inspection improvements had been made. The hazards identified at the last inspection had been removed. The person, and staff who smoke, were seen to use a designated external area of the home. Standards of cleanliness were improved. Most areas of the home were clean and tidy. Soft furnishings were still noted to be tired and worn in some areas.

We noted that staff used personal protective equipment. There were different colour coded aprons for use when providing personal care and for food preparation and service. However, we noted that staff did not always wear protective equipment in the kitchen when they were preparing or serving food.

People told us they felt safe living in the care home. One person commented, "I always feel safe, it is so nice here." Staff we spoke with had the knowledge and understood their responsibilities with regard to safeguarding people from harm and abuse. They had received training and all told us they would report concerns immediately to the registered manager. One member of staff told us, "No way would we tolerate abuse. We are all confident about reporting any issues or concerns." Staff were aware and had contact details available for the local authority safeguarding team.

People had access to call bells and they told us they did not have to wait long before calls for help were responded to. People told us that staff were always available to provide the help and support they needed. One person told us, "I'll call for staff in a minute and they'll soon be here." The person told us they liked help to get up by a certain time each morning. They told us staff always provided assistance when they needed it. Staff told us they had enough staff on each shift. One member of staff commented, "Staffing ratios are good. We don't use agency, it's not good for the residents." Another member of staff told us, "Here, we have time to do things like sit with people and paint their nails."

The provider followed safe recruitment practices. Staff files included application forms and references were obtained. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Emergency planning had been considered and arrangements were in place to safely support people to evacuate the home in the event of an emergency. The registered manager provided us with confirmation following the inspection that personal emergency evacuation plans (PEEPS) were in place.

Is the service effective?

Our findings

Staff told us they were supported and supervised in their roles. They were positive and told us they received sufficient training. One member of staff told us, "We have the training we need and updates when they are due". Staff files contained details of some, but not all of the training staff had completed. We received detail of the training records as we had requested, following the inspection. Most mandatory training was up to date, and systems were in place to provide refresher training when it was due. Where staff were due a training update, target dates were recorded for when training should be completed by. The exception to this was medication training which, the records confirmed, had not been provided on a regular basis.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us they had received training and they demonstrated an understanding of the MCA. They told us they understood they needed to obtain consent from people before they provided care and support. One member of staff commented, "I always ask if it's ok to help before I give care." We heard staff asking people for their consent before they provided support and assistance.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person with a current DoLS authorisation was receiving one to one care. This was being monitored regularly by the commissioning authority. Care records were being sent to the authority to confirm care was being provided as agreed.

People's nutrition and hydration needs were being met. One person told us, "The food is fantastic. Not sure what I'm having today, but if I don't like it, the staff will get me something else." Staff told us they tried hard to please everyone, and that people could have whatever they wanted to eat. Snacks and refreshments were readily available. Staff recognised when people were not eating sufficiently. People were weighed regularly. Staff told us about the nutritional support provided for one person with recognised weight loss.

A care plan in place for one person with a choking risk stated, "Food to be liquidised/mashed. Always add thickener to fluids." The care plan did not provide detail about the specific consistency required to minimise the risk of the person choking. The registered manager told us they discussed and took advice from the GP's who prescribed fluid thickeners to be given, 'as directed.' The registered manager was not able to tell us the consistency required for the person. They told us fluids were thickened to a soupy consistency. This was not

recorded in care plan and may not have been in accordance with people's individual and specific need.

We recommend the provider seeks clear guidance from their GP or a Speech and Language Therapist (SALT) to make sure people with an assessed risk of choking receive fluid thickening agents in accordance with current NHS guidance.

People had access to health professionals when needed. People were seen regularly by their GP. One person told us, "I had a fall recently. The staff called the Doctor out. Nothing was broken but the staff wanted to make sure I was checked over." A relative commented that staff had managed the person's specific medical condition, "So well."

District nurses provided additional support when needed and the local community mental health team provided advice and guidance. One member of staff told us, "[name of mental health team member] was great when we needed support with [name of person who used the service]. We just called and she advised us and suggested what to do."

Is the service caring?

Our findings

We received positive comments and feedback from people and a relative about the caring approach of staff. Comments included, "The carers are so lovely," and from a relative, "It's really good here. The staff are very good."

Throughout the day we saw and heard many interactions between people and staff that were kind, thoughtful, sensitive, caring and respectful. When staff passed through communal rooms they acknowledged the people in the room and checked to make sure people were comfortable. Staff asked people how they were and several times we heard people being asked if they wanted anything else before staff moved on. People were comfortable and relaxed in the presence of staff.

People were able to express their views and be involved in making decisions about their care and support. They were able to decide where they wanted to spend the day and we heard people being asked after mealtimes in the dining room, where they wanted to go.

People's privacy and dignity was respected. We heard staff knock on people's doors before they entered their rooms. One member of staff told us, "When people need help with washing, we make sure they are covered and use towels to cover them up."

Staff told us that people's care was never rushed and they were able to spend quality time with people. One member of staff told us, "We're like a family here," and, "We do normal things with people, like pop out to the shops with them or out for coffee."

Staff told us how they provided kind and respectful care to people. Comments from staff included, "We get really close to residents here and know how they like to be cared for," and, "I would be happy for a relative of mine to be here because the care is really good."

Staff knew how to communicate with people who were not able to communicate verbally. For example, one person was almost deaf. They no longer wore their hearing aid. Staff described how they communicated with this person. This included the use of a white board, in addition to limited verbal communication and use of gestures.

People were called by their preferred name. For one person, this was a name they had been called since they were a child. The staff knew the background to this, and why the person had been given this 'nickname.' The records confirmed this was the person's chosen form of address.

There were no restrictions on visiting times at the home and staff, people and their visitors confirmed this. One person told us their relatives visited on different days and times and were always made welcome.

No one was receiving end of life care during our inspection. Two people were being cared for in bed because they were poorly and frail. Additional support was provided from the community nursing teams. We checked

one person. They looked comfortable in bed. They were checked by the care staff, and helped to change position on a regular basis.

Is the service responsive?

Our findings

The registered manager assessed people before they moved into the home to make sure they found out what people's needs were and whether the care home was able to meet their needs. People were positive and complimentary about the care they received. One person told us, "My family say it's like a hotel here, and it really is, but with care too." We spoke with a visiting relative who told us, "The staff manage [person's name] care needs really well here. I've been quite impressed."

The care plans were written in a person centred way, and identified the likes, dislikes, preferences, choices and abilities of people. For example, one person's care plan stated, 'Tea at 6pm. [Name of person] sits in the front room and relaxes until bedtime.' The care plan described in detail the person's bedtime routine. Another care plan described, 'Was having eggs and bacon but now has two [slices of] toast and a mug of tea at about 9.30-10am.' Care staff told us they kept up to date with people's needs and changes in condition by reading the care plans and the discussions they had at staff shift handovers.

People and their relatives had been consulted and involved in their care plans and risk assessments which were updated on a six monthly basis. Their involvement at reviews was not consistently recorded. However, people told us they were involved and that care was personalised to their individual needs. One person told us, "My daughter speaks with the staff about how I'm doing."

During our inspection we saw that some activities were provided. These were limited and one person commented, "The only thing I would say is that there's not a lot to do here." People were supported to go out, for example to the local shops, cafes and the local church. A relative told us, "It would be good to have a bit more stimulation. This isn't a complaint because it is really good here, just an observation."

A complaints procedure was in place and was readily available in the reception area, so that people knew how to complain, if they needed to. People told us they could speak with the registered manager at any time. They were confident that issues raised would be acted upon.

We had received an anonymous concern prior to our inspection. The concern related to allegations of poor moving and handling, incomplete recruitment checks, lack of medicine management training, lack of hot water, staff smoking, carers not attentive to people's needs and the registered manager not being available to discuss concerns. During our inspection we found shortfalls and have reported on issues relating to medicines management. We found appropriate moving and handling practices were in place, hot water was readily available, staff recruitment checks were sufficient, staff smoked only at designated break times and staff were very attentive to people's needs. The registered manager was available during our inspection and staff told us the registered manager could also be contacted at any time when they were not in the care home.

Is the service well-led?

Our findings

During our last inspection we found the provider did not have a suitable system in place to monitor and audit the quality of the service provided. We found the completed maintenance audit had not identified the safety issues we found during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the legal requirement was met, although further improvements were needed.

A care file audit was completed in May 2016. The records stated, 'Checked all sections completed and reviews undertaken.' The audit had not identified the issue we reported on with regard to the use of fluid thickening agents. Some audit sections, such as health and safety and medication, were blank. We brought this to the attention of the registered manager during the inspection.

The provider had a range of policies and procedures in place. However, we found some of the policies did not provide sufficient or detailed guidance for staff to follow. For example, the medication policy was not detailed or comprehensive. It had not provided the guidance required for staff to manage medicines safely and in accordance with legal requirements.

The provider had some systems in place to audit and monitor the quality of the service. The audit file was partly completed and we saw audits were planned every three months. The maintenance audit, completed in March 2015 identified areas for action. For example, the audit stated, "Tap needed, cut grass and clean garden." These actions had been completed.

Staff spoke positively about the support, guidance and direction they received from the registered manager. They told us the registered manager was approachable and they felt listened to. One member of staff told us, "We don't really have formal staff meetings now but because we are such a small team we meet regularly anyway." Staff told us the registered manager provided updates and reminders to them with their weekly pay slips. All the staff we spoke with told us that Bradley House was a good place to work.

The registered manager told us how they supported people in the care home. They told us they provided a very personalised service. They gave examples of times when they stayed with people throughout the night when people became unwell and needed additional care and support.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that most notifications had been sent when required. One notification had not been received. We brought this to the attention of the registered manager during the inspection. We also wrote to the registered manager following the inspection. They told us they would send the notification to us.

Before the inspection, the provider was sent a Provider Information Return (PIR) to complete. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We require providers to send us the PIR information under Regulation 17

of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. If we have requested a PIR but do not receive the information we will not normally award a rating better than 'requires improvement' for the well-led section. The provider told us they had received a request to complete this form. They told us they had not completed it because the home was scheduled to be closing. The provider had taken this decision without consultation with the Commission.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines Regulation 12 (2) (g)