

Holy Cross Care Homes Limited

Bradeney House Nursing & Care Home

Inspection report

Worfield
Bridgnorth
Shropshire
WV15 5NT

Tel: 01746716686

Date of inspection visit:
15 January 2019

Date of publication:
12 February 2019

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| 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

This inspection took place 15 January 2019 and was unannounced.

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

Bradeney House Nursing and Care Home is registered to provide accommodation with nursing and personal care to a maximum of 101 people, most of whom are living with dementia. There were 93 people living at the home on the day of our inspection. The home consists of units, which are all connected to each other. People's rooms are situated over three floors with stairs and passenger lift access to each floor. People have access to communal areas inside and outside the home.

Bradeney House Nursing and Care Home is also a domiciliary care service. It provides personal care to people living in their own houses. This service provides care and support to people living in purpose-built bungalows within the home's grounds and is the occupant's own home. The accommodation is bought. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Not everyone using Bradeney House domiciliary care service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. No one was receiving a personal care service at the time of our inspection.

No registered manager was in post. The previous registered manager had left in November 2018. We are aware the provider and home manager have applied to become registered managers and will be registered shortly. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

During our previous inspection on 12 and 14 July 2017, we found areas where the provider needed to make improvements, but had not breached any regulations. At this inspection, we found the provider had made all the required improvements.

The provider had made improvements in all areas of the service, since our previous inspection and continued to build on these. Quality systems were effective and were used to ensure the improvements were sustained.

Staff practice helped to keep people safe and systems and protocols helped to protect people from danger,

harm and abuse. The provider and staff assessed and managed any potential risks to people from their medical conditions, equipment and the environment to help ensure they remained safe.

People received their prescribed medicines when they needed them and were supported safely by sufficient and experienced staff.

The provider followed safe recruitment practices and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home.

Staff were aware of the need to gain people's consent to their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The arrangements included processes and procedures to protect people from the risk of abuse.

People were supported to eat and drink enough to maintain their health and welfare. They made choices about their food and drink, and meals were prepared appropriately where people had dietary needs or associated risks.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and encouraged to take part in decisions about their care and support. Staff respected people's individuality, privacy, dignity and independence.

People's equality, diversity and human rights (EDHR) were promoted by staff. Where people had individual preferences, these were respected and supported.

Staff were responsive to people's individual needs and care given was personal to each person. People could choose to take part in leisure activities which reflected their interests and provided mental and physical stimulation. Group and individual activities were available if people wished to take part.

People were encouraged to give their feedback and make complaints as necessary. The provider took complaints seriously and used them to learn from and improve the service.

People were happy with the care and support they received and gave positive comments about the staff, management and provider. There was a welcoming and friendly atmosphere at the home, where staff were confident in their roles and worked for the benefit of the people who lived there.

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.

People were safeguarded from abuse and staff were employed through safe recruitment procedures. Risks to people's safety were identified and measures were in place to help reduce these risks. There were enough staff to respond to and meet people's needs safely. People's medicines were managed safely. The provider had systems in place to help prevent the risk of infection.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed and their equality and diversity respected. Staff received training to give them the skills to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. Where required, people were supported to eat and drink enough and access healthcare from other professionals.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well led.

People gave positive comments about the quality of care and support they received from all staff at the home. The provider had made improvements in all areas of the service, which had benefitted people. The quality of the service was monitored and action taken when improvements were identified.

Bradeney House Nursing & 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, 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 15 January 2019 and was unannounced.

The inspection team consisted of three inspectors and two 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 used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 13 people who lived at the home and six relatives. We spoke with 14 staff which included care staff, nurses and nursing assistants, team leaders, managers, the provider and the home manager. We viewed five care records which included medicines records, two staff recruitment records and records relating to how the service was managed.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our previous inspection in July 2017, we found the service was not consistently safe and had rated the safety of the service as requires improvement. At this inspection we found improvements had been made and have changed this rating to Good.

People were protected against the risk of abuse and felt safe living at the home. One person said, "I'm lovely and safe. There is always someone about to look after you." The provider had made information available to people, relatives and staff to raise awareness of and encourage them to raise any safety concerns. The provider sought advice from the local authority and followed local safeguarding procedures when there were concerns.

At our previous inspection, staff had not always kept risk assessments up to date. At this inspection, these were up to date and regularly reviewed. One relative told us, "[Person's name] is protected. They know they are safe and we know they are safe. We trust all of the staff and so does [person's name], which is important and how it should be." The risks to people's safety and wellbeing had been identified and plans were in place to minimise these risks. Where people were at risk, for example, due to their mobility, skin integrity or dependency needs staff understood how to support them safely and ensure risk was minimised.

Since our previous inspection the provider had implemented a new falls protocol, which included a post falls observation tool for staff to use. The manager told us this was implemented to improve on the aftercare people received following a fall. They told us the protocol had given nurses more control and autonomy over incident management. It also had helped with hospital avoidance and keeping people at the home where possible.

Staff understood their responsibilities to report incidents and accidents. The manager had overview of incidents and made sure actions were taken in line with the provider's policies. They also helped to ensure people continued to be protected from any further potential risk and lessons were learnt where necessary.

The provider had a maintenance programme in place to make sure equipment and the home's environment was safe. This included checking and maintenance of wheelchairs, beds, mattresses, fire alarms, lights, fire equipment and water analysis for Legionella. People had personal emergency evacuation plans in place which gave guidance on how to evacuate them safely in the event of an emergency at the home.

At our previous inspection, the deployment of staff had left some people without the support they needed. At this inspection there were enough staff to ensure people's assessed needs were met in a safe way. People told us they did not have to wait for support, except at busy times when they told us there was sometimes a slight delay. One person said, "I've only got to say I want this or that and I get it. I press the bell to go to the toilet and two of them come in here." Staff told us staffing levels and deployment had improved since our previous inspection. One staff member told us, "Things have got better here. There are extra staff in the morning, afternoon and evening. This gives people more choice now about when they get up, go to bed or want a shower."

People were supported by staff who had received appropriate checks prior to starting work at the home. Staff told us they had Disclosure Barring Service (DBS) checks carried out and this was confirmed when we looked at records. DBS assists the provider to make safe recruitment decisions and are used to check staff and prevent unsuitable staff from working in care. The provider also used references from previous employers to ensure potential staff's suitability for their roles. This helped to ensure only suitable staff were employed.

People's medicine was managed safely and they received their medicine when they needed them. One person said, "They (staff) make sure I get my tablets. I really appreciate that because I'd forget to do that if I were home." Some people had medicine given to them only when they needed it, such as pain relief. People were asked by staff if they wanted this medicine. One person was offered pain relief when they had complained of being in pain. The person's relative informed staff, who in turn informed a nurse. This person was not kept waiting for the pain relief they required and nursing staff were able to quickly administer this. Information in people's records gave staff clear instruction on why and when people might need this medicine and all other prescribed medicines. Medicines were kept secure and administration records showed people received their medicine as prescribed.

People were protected from the risk of the spread of infection. Cleaning protocols and procedures were updated and hand disinfectant was available at points around the home. Staff wore gloves and understood good hand hygiene. The provider had worked with the local infection prevention and control team to improve standards and ensure practice was up to date.

Is the service effective?

Our findings

At our previous inspection in July 2017, we found the service was not consistently effective and had rated the safety of the service as requires improvement. At this inspection we found improvements had been made and have changed this rating to Good.

People's needs were assessed prior to being supported by staff and people we spoke with confirmed this. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person. People's psychological and emotional needs were considered along with their cognition and communication. Assessments were used to create care plans for each person which reflected their holistic needs and the support they required.

People's protected characteristics were respected and promoted by staff, such as their sexuality, gender, disability or religion to ensure they were treated fairly and equally whilst living at the home. One person told us, "No member of staff would ever say anything mean, that would never happen." The provider considered people's equality, diversity and human rights (EDHR) and how they could support these areas for them.

People's healthcare needs were monitored and discussed with the person or relatives as part of the care planning process. Once living at the home people's health and their care were supported by health professionals including regular GP visits, community mental health teams, opticians and dentists.

At our previous inspection, not all staff asked people for their permission prior to supporting them. At this inspection, people were asked for their agreement when staff assisted them. Assessments were in place, which related to people's ability to make their own decisions and gave information on specific decisions which had to be made on people's behalf. Staff understood how to support people to make their own decisions and when they had to make decisions in people's best interests.

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.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people had a DoL authorised, staff understood why these were needed. The provider applied for DoLS where necessary to ensure people were kept safe.

At our previous inspection, people had mixed experiences at mealtime due to the deployment of staff across the home. At this inspection, people's mealtime experiences were positive and they received the support they needed to eat and drink enough. People were offered choices and alternatives by staff of what they wanted to eat and drink. Staff sat with people and encouraged them to eat and drink in a respectful manner.

Assessments were completed where people were at risk of not eating or drinking enough or had difficulty in swallowing. People were referred to dieticians and speech and language therapists (SaLT) and their recommendations were followed by staff.

People were supported by staff who had the skills, training and experience to meet their needs. One relative told us, "[Person's name] is well looked after and their dementia has improved since being here. We think they have improved because they have a greater sense of security and doesn't worry. The staff are marvellous with [person's name] and us. They are always around to help if needed. it is a very good place for them." Staff received the training they needed and that was relevant to their specific roles. All staff we spoke with felt training had improved since our previous inspection and they felt confident in their roles. They felt supported by their colleagues and managers and had good professional development.

Since our previous inspection the home has undergone extensive re-decoration and refurbishment. These are part of an on-going programme of improvements to the home. Corridors in some units had been decorated to look like streets, with bedroom doors becoming brightly coloured front doors. Mock post boxes and murals all contributed to an environment which was more dementia friendly for people.

Is the service caring?

Our findings

At our previous inspection in July 2017, we found the service was caring and had rated this key question as Good. At this inspection the rating continues to be Good.

People were cared for by staff who were kind and attentive to their needs. People spoke positively about staff and the way in which they delivered care to them. One person said, "The staff are lovely. I love it here, nothing is too much trouble for the staff and the other residents are lovely too. I have made friends here and the staff introduced me to other people." One relative said, "The staff are friendly, obliging, caring and considerate. I have never seen anyone upset by the staff. They are calm. I have no qualms about the care the staff give. I have no qualms with that at all."

Relatives told us staff treated them with consideration too. One relative told us, "They are very good to me and make me feel like part of the group. They look after me as well as [person's name]." Another relative who visited their family member often said, "They (staff) include me in everything. They are very quick to respond to anything really. It's my choice to help and they do keep an eye on me too. They respect that it's my choice that I come here every day."

Staff were polite and helpful and supported people calmly and with a caring attitude. One staff member said, "It's a home from home for people here, with staff that care about them." Staff were respectful and showed they understood each person by the way they spoke with and assisted them. Staff anticipated people's actions rather than reacting to them and made sure people's actions did not interrupt or disturb other people. One relative commented about the way staff responded to people's needs, they said, "They do a fantastic job. They are magic workers. They do a wonderful job."

People told us they had choice and staff involved them in making decisions about their care. One person told us, "They (staff) ask me about my health and how I am feeling. I am part of the care plan conversations." We saw staff listened to what people wanted. When one person did not want to join in an activity, despite staff encouragement, staff respected their decision and made sure they were happy with what they were doing at the time. One staff member told us, "We believe it is vitally important for our residents to have meaningful choices about their lives here. They have a choice about when they get up or stay in their rooms or in bed if they wish. We do try to make everyone feel like the individual they are, it's important. Our aim is to care and look after everyone well."

People were supported to express their choices and views by an advocate who visited the home twice weekly to speak with people. An advocate is an individual, independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made.

People's right to privacy and dignity was respected by staff. People told us they did not feel embarrassed or uncomfortable when staff assisted them with personal care. People's independence was encouraged both within and outside the home. One person told us they had moved rooms due to a deterioration in their

health. They said, "We had a long discussion about me moving rooms and when I saw this one I knew it was right for me and it has enabled me to be independent." People were supported to access the local community to attend their place of worship and social events.

Is the service responsive?

Our findings

At our previous inspection in July 2017, we found the service was responsive and had rated this key question as Good. At this inspection the rating continues to be Good.

People told us care staff took the time to find out about things that were important to them. People and relatives contributed to a pen picture about the person's life history. The provider told us it informed staff who the person was, as an individual, without focussing on their health. They told us, "It's saying; this is me; this is who I am." They told us it was used when considering people's EDHR needs to ensure these were met in the way people wanted them to be.

People were supported to spend their time how they wanted to. One person told us, "It's up to you individually what you want to do. If you want to sit around all day you can." People told us they looked forward to activities and felt the benefit of them, especially the exercises they did. On the day of our inspection, we saw people engaged and included in various activities throughout the day. One person told us, "There is no excuse to be bored, there is always something to do." The provider told us, because staff now stayed working on the same unit, they had built up good relationships with people and would come in on their days off to take individual people out.

Since our previous inspection, the provider had increased the number of activity co-ordinators working at the home. They told us all activities were now more person centred and there were, "more activities now than there ever has been". This was reflected in what people, relatives and staff told us. A mother and toddler group had been set up which was a play session for the children where people could join in. By carefully assessing risk and ensuring they could be safe, one person took daily walks around the home's grounds independently, more outings were organised and more events took place at the home. The provider told us they had seen a positive impact on people because of these activities. They told us, "We have to now think, what are we doing to make them feel worthy?"

Since our previous inspection, the provider had purchased a defibrillator. This was so staff could respond and help people or any visitors quicker, whilst paramedics arrived. Nursing staff had been trained in its use and a trained first aider was always on duty.

All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The standard sets out a specific, consistent approach to identifying, recording, sharing and meeting the information and communication support needs of people who use services. Care plans documented the communication needs of people in a way that met the criteria of the standard.

People could be assured that any complaints made would be dealt with in accordance with the provider's policy. People and relatives said they were happy to raise any concerns and complaints with the manager or staff. Information about how to complain was available for people and relatives. The provider confirmed,

although not required at present, it would be made available in accessible formats if required.

The provider listened to and used complaints and concerns to improve the service. Where complaints had been made these had been investigated and action had been taken where shortfalls were highlighted by investigations. The provider had identified one theme from complaints had been around the laundry of people's clothes and clothes going missing. In response to this a second laundry had been built which had seen a reduction in these complaints.

People could be confident that at the end of their lives they would be treated with compassion, dignity and respect. People's care plans contained information on their wishes for their end of life care. The provider was currently working towards the Gold Standards Framework accreditation for end of life care. The manager told us that by completing the framework, the staff team had improved and understood the importance of planning, involvement and identifying wishes as soon as possible and not just when people were approaching end of life. They said, "Do they (people) want a cosy, comfortable environment for a dignified death? It has made us think about what we're asking and discussing and the questions we should be asking." The provider worked closely with the family and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time.

Is the service well-led?

Our findings

At our previous inspection in July 2017 we found the service was not consistently well-led and had rated the safety of the service as requires improvement. At this inspection we found improvements had been made and have changed this rating to Good.

At our previous inspection, newly introduced policies and procedures were not always followed by staff and care records were not always kept secure. At this inspection, care records were kept secure and staff understood and followed policies and procedures to ensure people received safe, effective, caring and responsive care.

Feedback received from people, relatives, staff and the local authority was positive regarding the quality of the service and improvement made since our previous inspection. One person commented, "To me it's perfect. It's 100%. Everyone's happy and that's what's important. We are a fine little community." Another person said, "This is a top-notch place. This is nothing but the best."

Quality systems were effectively monitoring the quality of the service. Quality audits were completed regularly on areas such as care plans, medicines, accidents, feedback and satisfaction surveys, complaints and the environment. The provider and manager both had overview of these audits and ensured actions had been and were taken where needed.

People, relatives and staff were encouraged to give feedback and be involved in the home. Regular resident, relative and staff meetings occurred. A sealed box enabled people, relatives and staff to give suggestions for improvement, feedback and nominations for the employee of the month. A "You said, we did" board gave information on feedback which had been acted on. People had commented mornings could be "hectic" and they sometimes had to wait a while for their breakfast. The provider had responded by adding an extra staff member on the morning shifts. People and the staff we spoke with told us this had had a positive impact on them as getting up and breakfast was now calmer.

The provider was open and transparent about the improvements needed and achieved. Information was displayed about what the provider had done since our previous inspection. This included the introduction of new policies and procedures, improved training for staff, the introduction of a new relative support group and more inclusive and individual activities. Policies and staff rotas were displayed for all to see. The management team had been strengthened and staff were confident in their roles. Staff and managers told us there was more teamwork and improved communication, which had benefitted the people who lived at the home. One staff member said, "I feel valued. We all work as a team and what is nice is there is no day staff and night staff divide." This was echoed by the provider and manager who said, "We feel the home has changed dramatically, it's happier. The staff work so hard as a team and give their absolute best."

Plans were in place to continue with improvements which had been made. The manager told us, "We are now constantly looking for new things to do to evolve." Managers had already or were working towards management qualifications. The provider was looking to implement a new model for end of life care and

dementia leadership. Nursing staff were to start attending clinical governance meetings at the local GP surgery to further improve the relationship with them. The provider told us, "We've worked hard and put the effort into getting the foundations right."

Staff understood and supported the provider's vision for the home. They told us the provider wanted to be the best they could. One staff member said, "They (the provider) are passionate about care. They know the residents and they chat with them all."

Since our previous inspection the provider has registered with us to provide personal care. This would be provided only to people living in assisted living bungalows within the grounds of Bradeney House Nursing & Care Home. The provider confirmed no one currently used this service. Policies, procedures, management and staff were shared between the two services. However, only staff who had received specific domiciliary care training would support people in their own homes.

Where required, statutory notifications have been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our ongoing monitoring of services. The provider had displayed their current inspection rating at the home and on their website, as required.

The provider and manager worked in close partnership with other organisations to make sure they followed current good practice, provided a quality service and people in their care were safe. These included the local authority and safeguarding team, healthcare professionals including GP's, district nurses and community teams. The provider also worked with local organisations to make sure newly introduced documentation and protocols were appropriate.