

Bange Nursing Homes Limited

Bange Nursing Homes Limited t/a Bradley House Nursing Home

Inspection report

2 Brooklands Crescent
Sale
Greater Manchester
M33 3NB

Tel: 01619732580
Website: www.bangenursinghomes.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Bange Nursing Homes Limited t/a Bradley House Nursing Home (known as 'Bradley House' by the people who live there) on 18 and 26 February 2019. The inspection was unannounced, so this meant they did not know we were coming.

Bradley House 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. Bradley House can provide accommodation and nursing care for up to 34 older people living with dementia. At the time of the inspection there were 29 people living at the care home.

We last inspected Bradley House on the 5 and 6 February 2018, we rated the service Requires Improvement. We found two breaches of regulations relating to the provision of safe care and treatment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. The provider sent us their action plan detailing their planned actions to improve the service. At this inspection we found improvements had not been made in relation to the provision of safe care and treatment and good governance. This is the fifth time the service has been rated Requires Improvement.

The service had a registered manager in place as required by their Care Quality Commission (CQC) registration. 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. The registered manager was also part owner of the home and was supported by a clinical nurse.

Medicines were not always managed safely. Guidance for medicines when people needed them did not contain sufficient detail to ensure they were administered consistently. The records about the stock and administration of medicines were not accurate. When audits were done they did not evidence that medicines were always administered as prescribed or could be properly accounted for.

Risks associated with the premises, such as the regulation of water temperatures to reduce the risks associated with scalding were not effectively managed. The providers approach to undertaking fire drills was inconsistent, which meant staff may not know how to use evacuation equipment in an emergency.

Staff received induction and on-going training. However, we found a number of key courses were overdue for a small number of the staff team. A detailed training plan was in place, this had been developed by the new training co-ordinator and we were provided with assurances from the registered manager staff access to supervision and annual appraisals would be improved.

Quality assurance systems were not effective as we identified issues with the management of people's medicines and the safety of the home, which the some processes failed to recognise.

Staff were kind and caring and treated people with respect. We observed many positive and caring interactions throughout the inspection. Staff knew people's likes and dislikes, which helped them provide individualised care for people.

There were sufficient staff on duty to support people safely. One staff member had not been recruited safely in line with the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

Risk assessments were in place for people who lived at Bradley House. Risk assessments were tailored around the needs of the person, support measures were in place to mitigate risks and assessments were regularly reviewed and updated. Staff were familiar with people's risks; they received daily updates on people's health and well-being and if their circumstances had changed.

Accidents and incidents were routinely recorded and analysed. There was an accident and incident reporting policy in place and staff routinely completed accident and incident documentation. The registered manager analysed monthly accident and incidents reports and established trends that were emerging as a measure of mitigating risk.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 all managed effectively.

Risks associated with the premises, such as the regulation of water temperatures to reduce the risks associated with scalding were not effectively managed.

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

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training and staff supervision meetings had lapsed. We received assurances the provider had a plan in place to address this.

The manager, care staff and registered nurses understood the requirements of the Mental Capacity Act 2005.

People received a choice of nutritious meals and drinks were made available throughout the day.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Inadequate ●

The service was not well-led.

The provider did not have effective systems and processes in place to monitor and improve the quality of service provided.

People had not been asked for their views about the quality of

the care provided.

Staff told us they enjoyed their jobs and felt supported by the registered manager.

Bange Nursing Homes Limited t/a Bradley House Nursing 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 unannounced inspection took place on the 18 and 26 February 2019, which meant the service did not know we were coming. The inspection was carried out by one adult social care inspector, a medicines inspector, an assistant inspector and an expert by experience. The expert by experience had experience in caring for older people and people living with dementia.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents, whistle-blowing concerns, deaths and serious injuries.

We requested feedback from Trafford Healthwatch, and the local authority quality and contracts team. Healthwatch Trafford had completed an Enter and View visit on the 12 December 2018. This report had not yet been published and we were unable to comment on the content as the provider needed to check the report for accuracy. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback from the quality and contracts team prior to our inspection in respect of the home completing all required tasks on a service improvement plan that was in place.

Due to the nature of the service provided at Bradley House, some people were unable to share their experiences with us, therefore we completed a 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. In addition to this, we spoke with nine people who used the service and six visiting relatives.

We spoke with eight members of staff including the director, registered manager, clinical nurse lead, one nurse, the training and support co-ordinator, one care worker, the chef and an activities co-ordinator.

We looked in detail at three care plans and associated documentation; three recruitment records; supervision and training records; audit and quality assurance systems; policies and procedures and records relating to the safety of the building, premises and equipment.

Is the service safe?

Our findings

Prior to our inspection Trafford commissioners and the CQC received a number of whistle-blower concerns in relation to shortages of staff on duty, concerns around medicines management and poor leadership in respect of the management team. These matters were investigated by the local safeguarding team, which resulted in the service receiving support from the Trafford quality and contracts team. We spoke to the local safeguarding team prior to our inspection and we were told a number of the whistle-blower concerns were unsubstantiated. However, we were also informed they had identified areas for improvement such as; introducing refresher training for all staff, improvements in recording keeping and the home needing a clearer overview of the agency staff used. During this inspection we did not receive any negative comments from staff, people or their relatives in relation to concerns previously reported.

Care staff were aware of, and able to tell us how they would identify and report potential abuse or neglect. We also saw that safeguarding was a regular agenda item on team meetings, which would help staff maintain an awareness of the importance of recognising and reporting any concerns. This showed the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

At our last inspection in February 2018 we found risks within the home had not been considered, which put people at risk. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements in respect to environment, but the home continued to be in breach of this Regulation because of concerns in other area's which apply to this regulation.

The Health and Safety Executive states water temperatures must not exceed 44°C for people living in care settings who are at risk from scalding from whole body immersion. On our inspection visit we found historic maintenance checks on water temperatures in people's bedrooms had recorded temperatures of up to 52°C. We shared our concerns with the provider who contacted a plumber to address the water temperatures by altering the thermostatic mixing valves (TMVs). However, we were not assured controls to manage the risk of scalding was being adequately maintained. The provider informed us going forward water temperatures would be monitored as part of the quality assurance checks of the home. We will review the progress of this at our next inspection.

Although the provider had a legionella risk assessment in place, we found this risk assessment needed to be more robust, detailing who was responsible for ensuring the hot water temperatures were safely managed and a clear audit trail was needed to show when TMVs were serviced. During the inspection we discussed this area with the provider, who confirmed they would consider updating the homes legionella risk assessment to ensure safe water systems were consistently followed.

People who used the service had a personal evacuation escape plan (PEEP) in place which explained how they would be evacuated from the building in the event of an emergency, and contained information about their mobility and any communication problems. PEEPs were kept in the office by the front door so they

were easily accessible to staff and the emergency services.

During the inspection we asked to view the records in relation to fire drills at the home. We noted no fire drills had been undertaken in the last 12 months and the provider was unable to locate records for any historic drills. Fire drills should be carried out to check that staff understand and are familiar with the operation of the emergency fire action plan, to evaluate effectiveness and identify any weaknesses in the plan. This home has had a history of none-compliance with fire drills as previously noted at the inspection we undertook of the home in December 2016. At that time, we made a recommendation the home reviews the latest fire safety guidance for nursing homes. At the last inspection in February 2018 we found the home had started to undertake fire drills, however this had not been sustained.

People were not always having their medicines administered safely. We looked at medicines and Medication Administration Record (MARs) and other records relating to medicines for 17 people.

We found two people missed doses of antibiotics because the arrangements for storage and receipt did not support safe administration. For example, one person was prescribed the antibiotic to be given four times daily. The antibiotic was dispensed on 15 February 2019, but was not given until bedtime on the 17 February 2019. Another person was prescribed an antibiotic medication to be given four times daily, but never received these antibiotic doses on the Monday morning of the 18 February 2019. Antibiotics are used to treat or prevent some types of bacterial infection and should be prescribed promptly to prevent worsening of or development of infection.

Effective arrangements were not in place to ensure that medicines were given at the times prescribed or the times directed by the manufacturers. Doses of paracetamol must be given with a minimum of four hours between doses and the records could not show that a Paracetamol was given safely. On the 18 February 2019 we observed that the morning medicines round was not completed until 11:55am and the lunch medicines round started two hours later. This meant there was a risk that doses were given too close together.

Parkinson's medicines are prescribed at specific times according to the person's needs, to promote consistent therapeutic levels of the medicines. If Parkinson's medicines are not given at the correct time their symptoms may be poorly controlled. We found that two people were not given their medicine at the precise times.

Some medicines need to be given before food, but arrangements were not in place to make sure they were given at the correct time. Medicines may not be fully effective if they are not given with regard to the manufactures' directions. For example, two people were prescribed the antibiotic medication to be given four times daily. No arrangements were made to give this antibiotic at the correct time with regard to food, potentially reducing its effectiveness.

Stock checks showed that medicines were not always given as prescribed. For example; one person was prescribed Clozapine (one to be taken morning and night). The evidence we gathered from inspection indicated that eight doses of this medication had been signed for but not administered.

Records about the quantity of medicines in stock were not completed accurately and could not be audited to show medicines were managed safely. For example, one person MARs indicated their medicines did not tally correctly the start of the medicines cycle on the 18 February 2019. We saw there were two boxes in the home for this person, both of which had been dispensed on 31 January 2019 and there were 19 tablets in one box and 20 in the other accounting for 39 tablets. The nurse on duty could not account for the extra 14

tablets in stock.

We found the home operated an inconsistent approach at ensuring people had detailed when required (PRN) protocols in place, which meant people may not be given their medicine properly and consistently. For example, one person was prescribed Docusate (to be given twice daily when required). No supporting PRN protocol was in place. We found the nursing staff who were responsible for administration did not always sign the MARs to indicate if medicines had been given or refused so it was not possible to tell if medicines had been given as prescribed.

We noted daily medicines audit sheets had been put in place for nursing staff to complete after each shift. We looked at a sample of these sheets from 12, 15 and 17 February 2019 and saw that gaps were reported on all the records made. The clinical nurse lead confirmed no actions had been taken to address the continuing number of gaps noted on the MAR, which meant these audits were not effective.

We found people's front-page medicines profiles did not always contain their photographs. This meant agency nursing staff did not have a photographic reference when administering medicines. Furthermore, we found inconsistencies in respect of recording people's known allergies on the front-page profile of the MAR cover. This potentially placed people at risk of being given medicines that they are allergic to.

Records about the application of creams were not well completed. For example, one person was prescribed cream to be applied twice daily. Another person was prescribed two creams to be applied after personal care. One cream, E45, was applied at bedtime on all five nights but no records that Sudocrem had been applied at that time. Sudocrem was applied at teatime on four of those five nights.

Staff with responsibility for medicines understood the processes for ordering, storage and disposal of medicines and had been trained in medicines administration and management. We requested to view the five medicines competency observations. We were provided with four 'certificates of competence' that were all dated on the 22 February 2018 and signed by an external pharmacist and the registered manager. We were concerned these forms were firstly generic and did not assess the nursing staff ability at administering medicines safely and we questioned how the home could complete four observation competencies on the same day for four nursing staff considering just two nurses would work per day. The registered manager was unable to answer this question. Therefore, we were not satisfied the nursing staff had received the appropriate medicines observation competencies. Observations of nursing staff competency help to ensure staff are competent in their roles and understand the provider's medicines policies and practices.

The above issues highlight the provider had not taken reasonable practicable steps to mitigate risks to the health and safety of service users. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the registered providers recruitment systems during the inspection to ensure recruitment processes were safely in place. Three staff files viewed contained appropriate references, photographic identification, application forms with detailed employment history as well as a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

However, shortly after the inspection we became aware that a new member of staff at the home had been dismissed at their previous employment while working in health and social care. We requested this staff member's recruitment file and we were not satisfied the provider had followed the appropriate safe recruitment checks on this occasion. The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 Schedule 3 states the following; "Where a person (P) has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable, of the reason why P's employment in that position ended." We found the provider had not adhered to his guidance and was not aware this person had been dismissed until we brought this to their attention. The registered manager investigated this staff members previous conduct working in health and social care. We were provided with an investigation report, which highlighted areas of support for the new staff member such as refresher training and regular supervision.

The provider did not have robust recruitment procedures in place to ensure staff employed were of good character, and to consider any potential risks in relation to their employment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we reviewed the homes passenger lift documentation, which included service reports, breakdown calls and Lifting Equipment Regulations (LOLER) examinations. We noted from the most recent LOLER examination carried out in December 2018 that identified several none urgent defects that required attention. During the inspection we were provided with assurances from the provider these outstanding tasks such as ensuring the passenger safety gear is tested would be completed by the 5 March 2019. We were satisfied the provider had oversight on what works the passenger lift required. We will review the progress of this work at our next inspection.

Records showed that routine servicing and tests required in relation to the safety of the building had been completed. There had been checks at the required intervals of the electrical fixed wiring, gas, lifting equipment (such as hoists), portable electrical appliances and the water system. We completed a tour of the premises as part of our inspection. We inspected the bedrooms, bath and shower rooms, and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions and all upstairs windows had tamper-proof opening restrictors in place.

The service was clean. Staff had training in infection prevention and control and information was readily available in relation to cleaning products and cleaning processes. Staff used Protective Personal Equipment such as aprons and gloves. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly. However, as noted on previous inspections we continued to find an unpleasant odour that seemed to be concentrated around the main entrance area of the home. The provider had replaced the carpet with vinyl flooring, which was much more infection control friendly, but this did not entirely eradicate the odour. The registered manager provided evidence this area of the home was cleaned on a daily basis, but acknowledged the home needed to review the cleaning systems further in an attempt eradicate this odour from the home.

Accidents and incidents were reviewed during the inspection. There was an up to date accident and incident reporting procedure in place, all accidents and incident reports were organised into a folder and were analysed on a monthly basis by the registered manager. The monthly analysis enabled the registered manager to establish any emerging trends, if the level of risk needed to be reviewed and if further support measures needed to be implemented.

During the inspection we observed that staff responded promptly to people's care needs. We saw staff ensured there was always at least one member of staff present in the communal areas to provide support and assistance to anyone who should need it. Staff members we spoke with in the main told us they found there were always sufficient numbers of staff on duty to allow them to meet people's needs.

We spoke to the registered manager about the use of agency nursing staff who explained that long-standing staff had left for alternative employment, which had created vacancies within the service. The recruitment of staff was a high priority for the service and the provider had recently recruited new staff to the home, which included a clinical nurse and a training co-ordinator.

Whilst the recruitment drive was continuing the service was using regular agency staff, but this was as a last resort. Formal mechanisms were in place for staff already employed at the home to indicate when they could cover particular shifts, for absent colleagues or vacant posts. Any shifts still not covered were then offered to agency staff. We saw that the home used a local recruitment agency and tended to use the same agency workers, when this was possible. This meant that after an initial shift some agency workers were familiar with people living in the home and could support them accordingly.

Risks for people continued to be managed safely. Risk assessments were person centred and addressed people's individual needs. This guidance for staff ensured that the persons risks were managed safely. Positive risk taking was encouraged and people remained free to live their lives how they wished. Risk assessments, including those for the premises, were reviewed regularly to ensure people living at the service were receiving safe and appropriate care, in line with their needs.

Is the service effective?

Our findings

The provider recently recruited a training co-ordinator who had developed a programme of training designed to give staff the skills and knowledge they needed to work safely and effectively. This included training on falls prevention, safeguarding adults, health and safety, managing challenging behaviour and promoting privacy and dignity. However, the training records we looked at indicated staff training had lapsed in certain areas. Not all staff had completed the provider's training they considered mandatory or attended their periodic refresher training in certain topics. We discussed this concern with the registered manager. They acknowledged that staff training needs had not been consistently monitored and addressed over recent months. However, we were assured with the recruitment of a training co-ordinator and we were provided with a detailed training plan that was in place to bring staff training back up-to-date, and that training would be more closely monitored moving forward. The staff we spoke with did not raise any concerns regarding the training provided to enable them to fulfil their duties, and we did not observe any unsafe work practices during our inspection. We will monitor the progress of this training at our next inspection.

Staff also attended one-to-one meetings, 'supervisions', with a member of the management team. The purpose of these meetings was to enable staff to discuss any additional training or support they needed and receive constructive feedback on their work performance. Supervision records indicated a number of staff had received regular supervisions over the last six months, but the approach to staff supervisions was not always consistent for all staff, which meant a small number of staff were still awaiting a supervision and appraisal. The registered manager acknowledged staff had not consistently received regular supervisions. They assured us they had a plan in place to bring staff supervisions fully up to date and to ensure they were arranged on a consistent basis moving forward. We will follow this up at our next inspection.

Upon starting work at the service, all new staff completed the provider's induction training to help them settle into their new roles and understand their associated duties and responsibilities. During this period, staff participated in initial training and had the opportunity to work alongside more experienced colleagues. Staff were satisfied with their induction experience. We found the provider's staff induction programme took into account the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

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.

People were supported in line with the principles of MCA and their rights were protected. Records showed that where people were assessed as lacking capacity to make a decision, others involved in the person's care were included in discussions to ensure decisions were made in the person's best interest. These included decisions related to bedrail use and the need to supervise and provide personal care to people. Where it had been identified that support placed a restriction on people's liberty, applications had been made to the supervisory body to authorise the support in place to meet people's needs.

We observed the mealtime experience and found this to be relaxed and well organised. On the day of inspection, a new experienced chef had commenced employment at the home. People received any help, support and encouragement they required to eat and drink promptly. We saw people were offered a choice of meal and were asked if they had enough to eat. People's weights were monitored and action was taken if people were losing weight or nutritionally at risk. We saw food and fluid charts were completed for people who were nutritionally at risk.

During the inspection we discussed the International Dysphagia Diet Standardisation Initiative (IDDSI) framework which was due to be incorporated nationally for all care providers by the end of April 2019. IDDSI was implemented nationally to eliminate the use of the imprecise terms such as 'soft diet' and to assist providers with the safe transition to the IDDSI framework, which introduces standard terminology to describe texture modification for food and drink. The registered manager was not aware of this change but provided us with assurances IDDSI would be considered as a priority for the service. They also commented that they would engage with the local Speech and Language Therapist (SaLT) to see if they could arrange training for the staff.

We saw that people's needs were assessed before they came to live at Bradley House which helped the provider work out if they could provide the care people needed. One relative said "I feel reassured that [relative] is here. This is definitely the right place for him."

Staff continued to liaise effectively with other organisations to ensure people received support from specialised healthcare professionals when required. Documentation showed regular visits from GP's, community nurses and other professionals, such as psychiatrists and social workers. During the inspection a healthcare professional told us: "This is one of the better homes, the staff are very caring. The clients I have here are doing very well."

We looked around the building and saw accommodation and equipment met people's needs and was appropriate for the care and support provided. This included dementia friendly design features. We noted at the last inspection the home had also undergone a number of refurbishments with the advice of an interior designer with experience in dementia, to develop areas in the home with a dementia theme. The colour schemes and design of the rooms have been made to look authentic and reflect the 50's era. These items included an original radiogram, television, and typewriter. The kitchen cabinets were authentically built, and with an original food mixer, toaster and coffee machine. Signage around the building has been renewed and is colour coded. Grab rails are also appropriately coloured to aid and guide people to bathrooms and toilets.

Is the service caring?

Our findings

At our last inspection in February 2018, we rated this key question as 'Good'. At this inspection, we found people were still treated with kindness and compassion. The rating of this key question remains 'Good'.

People and their relatives told us staff approached their work in a kind and caring manner. One person said, "I like it here, it is lovely, and it is nice." Another person told us, "It is good here. I can't say there is anything I don't like." A relative commented, "The care is brilliant. Can't fault it. We moved him from another home as this place is more suitable for his Alzheimer's disease."

There was a pleasant atmosphere at the service and staff's interactions with people were, overall good. Some people were living with dementia and became confused at times. Staff were patient in their responses and demonstrated that they were aware of how to respond appropriately to each person to decrease any anxieties.

Staff continued to uphold people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "The staff are very understanding, they don't rush me and will not walk in on me when I am getting ready."

Staff were aware of equality and diversity and said they would support people to challenge any discrimination. People told us they felt listened to and involved in planning their care. People were supported to maintain relationships with family and could have visitors when they wanted to. Relatives told us they felt welcomed by the staff and were always offered refreshments when they visited.

Staff continued to support and encourage people to be as independent as possible and to develop and increase the skills that they already had. One person told us, "They let me do what I can for myself but help me when I request it."

There was equality of opportunity at Bradley House and people and staff were treated equally regardless of age, gender, disability, religion/belief or race. People's protected characteristics (such as age, gender, religion and disabilities) were established from the outset and support measures were in appropriately in place. Although equality of opportunity at Bradley House was adopted, we found people's medicines were not managed correctly, which potentially impinged on people's human rights. We were provided with assurances from the registered manager and provider that the service would immediately start to implement changes to improve the medicines systems at the home, to ensure people received their medicines as prescribed.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in the registered managers locked office and confidential information was not unnecessarily shared with others.

Is the service responsive?

Our findings

The provider continued to use an electronic care planning system and all care plans and risk assessments had been fully transferred to this system. The information was accessible to staff via computers on which staff accessed care plans and recorded the care and support people received.

Care plans were reviewed monthly by the nursing team, which included the registered manager and clinical lead to ensure they met people's needs and were in line with their preferences. Each person had a one-page summary at the beginning of the electronic care plan, so staff could see at a glance what was important to the person and how best to support them. Information about people's daily routines, likes, dislikes and preferences were contained in their care plans. We noted separate sections provided information and instruction to staff about various aspects of care and activities of daily living, such as maintaining a safe environment, communication, eating and drinking, mental health, and any recorded wishes for end of life care. This ensured that no aspect of need was overlooked. Each care record contained assessments of risk, and a corresponding care plan would indicate how to minimise the risk. For example, we found person centred information had been recorded for one person who had a Percutaneous Endoscopic Gastrostomy (PEG). PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

We noted individual daily notes were electronically recorded. Staff were observed completing these records throughout the inspection by using the computers at the home. The daily log sheet referenced any additional records completed; for example incident reports, food monitoring and pressure area care, that were stored electronically.

We looked at the support people had to pursue their interests and participate in recreational and social activities at the service. People told us, and we saw there were frequent social and leisure activities throughout each day. The activities coordinator and staff team were enthusiastic and passionate about involving people in meaningful and enjoyable interaction and activities. One person's relative told us, "People here are stimulated, for example, staff would organise bonfire fire night, Valentine's Day and trips etc."

People were involved in a variety of one to one and group activities including singing and dancing, exercises, arts and crafts, games, themed parties and professional entertainers visiting. Activities were focused on encouraging people living with dementia to get involved in activities that improved their wellbeing. Care records seen confirmed this.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They remained confident that any issues raised would be addressed. The procedure for raising and investigating complaints remained available for people, and staff told us they would be happy to support people to make a complaint if required.

We saw staff had discussed and recorded people's preferences for end of life care where people were willing

to do so. This assisted staff and families, so they were aware of these in advance. Staff told us where possible people could be supported to remain in the home as they headed towards end of life, supported by staff who knew them. The home continued to be registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

Is the service well-led?

Our findings

In reaching our judgement about how well-led we considered Bradley House to be, in addition to the failures identified during this inspection, we took into account the inspection history of the home. In particular, the fact that the home has not been compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 since 2015. This meant that over this extensive time frame the provider had not put in place effective quality monitoring systems to ensure that improvements were consistently made and sustained.

At the last inspection we found effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance. At this inspection, we found a number of improvements had been made at the home, but we were still concerned to find persistent issues in relation of potential risks posed to the environment and the poor management of medicines.

Although we found a number of effective audits were now in place, we determined that the provider still needed to ensure improvements were made. For example, we found the registered manager did not have a good oversight of the medicine systems at the service. We were provided with daily medicines audits, which did not pick up on the issues we found, and the audit form was very basic. These daily audits were predominately completed by the nursing staff, which recorded whether there were any gaps on the medication charts, but this audit did not record if any anomalies were found. The registered manager acknowledged these audits needed improving and would start to do undertake audits of the medicines at the service. We found the issues with the medicine systems should have been resolved much sooner.

Checks on the health and safety of premises had failed to identify potential risks. Maintenance records of water temperatures in a number of people's bedrooms showed the water basins temperature had exceeded 44°C. The provider had failed to assess and mitigate the risks from scalding. During the inspection the provider contacted a plumber who corrected the water temperatures. In addition, we noted no fire drills had been undertaken in the last 12 months, this had been an issue at an inspection of the home in 2016. Risks to people were not always reduced.

Oversight of staff training, and development needed improving at the home. Although we were provided with assurances the training coordinator had a training plan in place, we found the provider failed to be proactive much sooner at ensuring all staff training remained up to date, along with staff supervision. The provider also failed to ensure the appropriate recruitment checks had been undertaken in respect of a new staff member. Safe recruitment checks of new staff had also been an issue at the at an inspection in December 2016, where a breach of Regulation 19 was identified. The homes approach to recruitment of new staff was inconsistent.

We found previously people and their relatives were encouraged to give their views on the quality of the service through regular satisfaction surveys. However, we noted no formal surveys had been completed in

the last 12 months. This was disappointing considering the home had received a number of whistleblowing concerns in the last six months, surveys would have been a good opportunity to check how people and their relatives were finding the service.

We concluded this was a continued breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with CQC 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.

Relatives, staff and health and social care professionals spoke very positively about the acting manager. Comments from staff included, "They're good, they are fair - you can talk to them, it's an open-door policy" and "They [management team] are friendly."

Since our last inspection the provider had worked with the local authority contract officers to introduce additional auditing systems to the service as a result of the whistle-blower concerns, with the introduction of a service improvement plan. The registered manager and local authority were satisfied the service improvement plan had been completed fully. The registered manager continued to undertake regular audits covering key aspects of service delivery. For example, audits and quality assurance were in place for accidents, health and safety and infection control. Spot checks were also completed by the registered manager and clinical lead on a regular basis with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed their rating in the reception area and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed |
| Treatment of disease, disorder or injury | The provider did not have robust recruitment procedures in place to ensure staff employed were of good character, and to consider any potential risks in relation to their employment. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The registered provider had not ensured the proper and safe management of medicines. And Environmental risks had not been assessed or action taken to mitigate the risks. |

The enforcement action we took:

Warning notice

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider did not have effective systems in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed. |

The enforcement action we took:

Warning notice