

City of Wolverhampton Council

Bradley Resource Centre

Inspection report

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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

About the service

Bradley Resource Centre is a residential care home registered to provide personal care to up to 23 people. 14 people were residing at the service at the time of the inspection. The service provides short stay reablement services and accommodation in one adapted building. The care home accommodates people across two separate units, each of which has separate adapted facilities. At the time of the inspection, all people were accommodated in one unit only. People generally live at the centre for a period of up to three weeks with some longer stays where needed.

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

People gave us mixed feedback regarding activities available at the care home. Some people told us there were not enough activities to do but others told us they were focused on the rehabilitation programme so they did not wish to engage in activities.

People felt safe. Systems were in place to protect people from abuse and staff understood them. Processes were in place to ensure staff were recruited safely. Risk was managed and reviewed to ensure people were kept safe.

People's needs and choices were assessed and promoted effectively. Staff had the skills and knowledge to deliver effective care. Staff worked well together and with healthcare professionals to effectively meet people's needs and promote positive outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People were supported to be involved in making decisions about their care for themselves and staff listened to them. People were supported by staff who encouraged them to become more independent and supported them to work towards their rehabilitation goals.

People were supported by staff who understood their preferences and individual communication needs. People's concerns and complaints were listened to, investigated and responded to appropriately.

Robust audit systems were in place to check the quality of the service. People and staff were encouraged to engage to improve the service. People and staff found the manager to be open and approachable.

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

Rating at last inspection

The last rating for this service was Good (published 6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bradley Resource Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

Bradley Resource Centre 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.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. However, the acting manager had made an application to the CQC to become registered. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the Community Resource Manager, the manager and rehab assistants. We also spoke with an external health professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager sent us protocols in place for 'as required' medicines and medicines audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Staff had undergone safeguarding training and knew how to recognise the signs of potential abuse and how to report and record their concerns. A staff member told us, "For example, if I heard a member of staff being verbally abusive to a service user, I would go to my line manager. I would have to write a statement and record it and report it."
- Systems and processes were in place to protect people from abuse and we saw these worked effectively. Safeguarding notifications were made where appropriate.

Assessing risk, safety monitoring and management

- People told us they were safeguarded from risk. One person told us, "There is very good risk management in place. Staff are very careful."
- Systems were in place to monitor accidents and incidents and these were followed up with clear actions.
- People had risk assessments in place where required and staff understood how to manage risk to people. For example, a staff member told us, "[Person's name] is allergic to nuts and strawberries and has an EpiPen. Today, I checked the potatoes to make sure they weren't cooked in a nut based oil."

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs. People told us and we observed sufficient staff to keep people safe. One person told us, "There's always someone around. You don't feel that staff are never around."
- Safe recruitment practices were followed to ensure people were supported by suitable staff. We saw that Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment.

Using medicines safely

- People's medicines were administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.
- Medicines were stored safely in locked trollies.
- People who self-administered their medicines were assessed to ensure they were able to do this safely. One person told us, "I self-medicate my injections usually, so staff are going to come this afternoon and watch how I do it to assess me so I can self-medicate."
- Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines.

Preventing and controlling infection

- People told us and we observed the home was clean and tidy. One person told us the environment is clean and clutter free.
- Staff followed infection control procedures and people were protected from the risk of infection and cross contamination. One person told us staff always wash their hands

Learning lessons when things go wrong

- When medicine administration errors were made, the manager implemented a new system that meant staff typed up medicine information in a separate private room to reduce the risk of errors.
- The manager also showed us they had introduced an additional section to the handover sheet to night staff to ensure that any medicine they were required to administer was included. This was a lesson learned following an episode where night time medicine administration was missed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed. We saw pre-assessment of needs was undertaken by a team of different external professionals prior to people receiving support to ensure their needs were appropriate for rehabilitation.
- People's needs and choices were reviewed following admission and continued to be reviewed as their needs changed and they progressed on their rehabilitation journey.
- People were involved in setting their rehabilitation goals and care was delivered with a view to working towards these goals.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. A person told us, "The staff are definitely well trained, they've all got good skills." A staff member told us, "I have sufficient training to do my job, it's all e-learning. The manager keeps us up to date with what needs to be done if you're lapsing on it. We do training such as fire safety, food hygiene, health and safety and safeguarding."
- Training records were in place which identified training that had been undertaken by staff and any gaps in learning. We saw that all training was up to date.

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

- People were supported with eating and drinking where they needed it in line with their care plans. One person told us, "The food is excellent and if I needed help to eat, I would get it."
- People were supported by staff to choose what meals and drinks they would like. One person told us, "Staff bring drinks round all of the time."
- Staff understood how to support people with specialist diets to meet their dietary needs. One person told us, "When I told a staff member I was a strict vegetarian and I didn't like eggs, they told all of the staff. They have supported my breakfast diet every day which has led to a reduction in the number of tablets I have to take."
- People's cultural needs were considered where meal choices were concerned. A staff member told us one person didn't eat pork due to their religion so they ensured there were alternative food options available. The manager told us they ordered in food relevant to people's culture if kitchen staff were unable to prepare it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported by staff who worked effectively with a variety of other health and social care professionals from prior to admission through to discharge.
- Staff liaised closely with hospital professionals to ensure people were suitable to engage in a rehabilitation programme prior to admission.
- Staff worked with a therapy team based at the resource centre to support people to work towards their rehabilitation goals. An occupational therapist told us, "We work collaboratively towards one goal. We train the rehabilitation assistants so they can all follow the rehabilitation programme we have set."
- People were supported to access other health professionals when they required it. A staff member told us, "We have good relationships with health professionals. District nurses and a chiropodist comes out to see people, it tends to be the same people as well for continuity."

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

- People were able to access communal bathrooms which had been adapted with appropriate equipment in place to support accessibility.
- People were able to access the garden and outdoor space if they wished.
- Pictorial signs were displayed on toilet doors to help to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The manager told us that at the time of inspection, no people residing at the service lacked capacity to make a decision so no mental capacity assessments had been completed.
- People were supported by staff who understood the principles of the MCA and knew how this applied to support people.
- Staff asked people for their consent before they supported them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. A relative told us, "All the staff seem very nice."
- Staff spent time with people and supported them with patience and empathy. One person told us, "The staff are lovely and have loads of patience. We've had good relationships and they know me well. I feel very valued."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make their own decisions about their care. We saw people being asked where they would like to sit and if they were OK with the window open. A person told us, "Usually I can choose when to have a bath or shower."
- People felt they were listened to and their choices were respected. One person told us, "I like how the staff do things. For instance, I like the light left on at night. It's noted and the message passed on."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their dignity. A staff member told us, "I treat people individually to promote their dignity. If I was doing personal care, I would make sure the doors were shut so no-one could see in. I ask the person if they're OK with what we are supporting them with."
- People were supported by staff who promoted their independence and encouraged them to regain confidence. One person told us, "The staff couldn't do more for you. They put the confidence back in you."
- Staff encouraged people to work towards their rehabilitation goals and undertake exercises to increase their independence. For example, we saw that people were supported by rehabilitation assistants to practice functional tasks such as managing kitchen tasks and getting in and out of bed. One person told us, "The staff are good at supporting me to be independent."
- People's privacy was promoted by staff. One person told us, "The staff make you feel part of the family but if people want privacy they can go to the other lounge or their bedroom."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people told us there were not enough activities for them to do. One person told us, "There's not really any activities but there's loads of books here."
- Other people told us they were focused on their rehabilitation programmes, so they did not mind that there were not many other activities available. We saw people watching television whilst undertaking their exercises and saw some people accessing the garden.
- The manager told us there used to be an activities co-ordinator but due to the rehabilitation focus and short-term nature of the service, not many people wanted to engage so this was ceased. The manager assured us they would speak with people to determine whether they wanted more activities on offer and would try to facilitate this.
- Relatives were able to visit at flexible times.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's equality and diversity needs were considered in assessment and care plans and people were supported so these needs were met. One person told us they had been asked on arrival if they had any religious needs and whilst they hadn't, they were pleased to have been asked. Another person told us the staff had arranged for someone to get a taxi to a nearby church the previous week.
- People were involved in their care and support and contributed to their own rehabilitation programmes and care plans. Staff were aware of people's personalised needs and preferences and respected people's views.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered and supported. We saw staff communicating with a person who spoke and understood little English through non-verbal communication. The person displayed positive body language in response to this interaction and was able to make choices. A staff member told us, "[Person's name] does not speak very good English. If any of the staff who are on who speak the same language, they will speak with them and help to translate. We always manage to get around it with expressions and using hands to communicate."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and we saw where complaints had been made, they had been clearly recorded, investigated and action taken to address the complaints.
- Where concerns were raised on the day of inspection, the manager addressed them immediately and fed back to people and their relatives immediately.

End of life care and support

- At the time of inspection, there were no people residing at the service who were at the end stage of their life.
- The manager told us it was unusual for people at the end of their life to reside at the service due to the care home being a resource centre for rehabilitation.
- Some people had 'Do Not Attempt Resuscitation' orders in place which were clearly stored to ensure the wishes and preferences of people at the end of their life were known.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted the values of the service, which the staff followed in practice. Staff told us the management tried to encourage them to enable people to do more and promote people's independence.
- Staff felt supported and listened to and had the opportunity to raise concerns. A staff member told us, "The managers are approachable, they listen to you."
- The manager promoted a positive culture amongst people and staff. For example, the manager had introduced a scheme called 'Magic Moments of Positivity' which allowed staff to nominate colleagues for good practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider complied with the duty of candour and was open and honest with people when something went wrong.

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

- Robust audit systems were in place to check the quality of the service and action was taken where required. For example, thorough medicine audits were undertaken on a weekly basis by a team leader which identified any medicine administration errors and action was taken to follow this up. This followed additional checks that were undertaken following each medicine administration round.
- The manager was aware of their legal responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.
- A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service.

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

- People were encouraged to provide feedback regarding the service. Residents meetings were held to gather feedback and enable people to make recommendations. Meal surveys were also issued to people on a monthly basis so amendments could be made to meal choices if needed.
- People were asked to complete a questionnaire when they left the service and the results were analysed so feedback could be acted on.

- Monthly staff meetings were held where the manager encouraged staff to input into the service. A staff member told us, "Team meetings and supervisions are useful because the managers tell you what they expect and you know what you're doing then. 1:1's are good as well."

Continuous learning and improving care

- The provider continuously sought to learn and improve the care provided to people. For example, the provider encouraged external healthcare professionals to train staff to ensure they were up to date with their knowledge and able to support people with new practices and using equipment.
- The manager was proactive in seeking advice from other professionals to actively improve care for people and support positive outcomes.

Working in partnership with others

- The provider worked in partnership with other health and social care professionals to ensure people had their care needs met effectively and to encourage people's effective rehabilitation. For example, we saw good working relationships had been formed between the provider and local hospitals and therapy services which helped to promote better outcomes for people.
- An external health professional told us, "The service is a much better service since the current manager has been put in the role. They are approachable and take on board what we say, we work collaboratively and they will come and ask advice if they need to."