

Mrs Joan Rawlinson

Bradmere Residential Care Home

Inspection report

14-18 Franklin Street
Patricroft, Eccles
Manchester
M30 0QZ

Tel: 0161 787 8631

Website: www.bradmereandmerrymeetcare.co.uk

Date of inspection visit: 02 June 2015

Date of publication: 01/07/2015

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This unannounced inspection was carried out on the 02 June 2015.

Bradmere Residential Care Home provides rehabilitation and continuing care for up to 16 people who have experience of mental ill health. The home is situated in

the Eccles area of Salford, close to local shops, pubs and public transport routes. The home is a large modern style house with car parking at the front and a small garden at the rear.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At the last inspection carried out in August 2014, we did not identify any concerns with the care provided to people who lived at the home.

Each person we spoke with who either used the service or was a relative of someone who used the service told us the service was safe. One relative told us; "I do think she is safe, better than at other places she was at. I don't worry about here, I trust them and I have peace of mind."

As part of our inspection we checked to see how people who lived at the home were protected against abuse. We looked at the service safeguarding adult's policy and procedure. Safeguarding leaflets and posters were on display in the home with detachable telephone numbers, which people could tear off and use to report concerns directly to the local authority. Staff we spoke to were able to confirm they had received training in safeguarding adults, which we verified by looking at training records. We reviewed a sample of six recruitment records, which demonstrated that staff had been safely and effectively recruited.

We found the service had suitable arrangements in place to manage risks and supported people's freedom and choices. We found the service operated an open front door policy where residents were allowed to leave the premises when they wanted. The service encouraged people to report when they were leaving the premises and what time they would return.

We looked at how the service ensured there were sufficient numbers of suitably qualified staff on duty to meet people's needs. One person who used the service told us; "Always enough staff on duty." Staff told us they had no concerns about staffing levels and that they found management responsive to any concerns including staffing.

We found medicines were managed safely.

All staff confirmed they had undertaken an induction programme when they started with the service, which we verified from looking at personnel files. They also confirmed they believed they had received suitable training to undertake their roles.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. Staff told us they received regular supervision and felt supported in their role.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. We spoke to the manager and staff who demonstrated an understanding of the principals of the MCA. The manager told us that it was not the company's policy to accept people subject of any DoLS restrictions as they maintained an open door policy at all times, with people coming and going when they chose.

During our inspection we checked to see how people's nutritional needs were met. Staff prepared meals for people with choices available. A menu was displayed in the dining room with the main meal being provided at tea time. During our visit bowls of fruit were available in the dining room for people to have. We saw tea and coffee making facilities were available in the kitchen and in the smoking room, where people were free to make their own drinks throughout the day and a water cooler was also available. Staff told us that people were able to make their own snacks throughout the day such as sandwiches. We found the kitchen area was clean and that staff members wore gloves whilst preparing food.

Both people who used the service and relatives we spoke with told us they or their loved one were well cared for at the home. Throughout the inspection we observed staff providing support and care in a kind and sensitive manner.

We observed instances where staff demonstrated a thorough understanding of respecting people's privacy, dignity and choices. We observed staff knocking on doors before entering bedrooms and asking whether they could enter. One visitor told us; "I have seen staff knocking on doors and they appear to respect everyone's privacy and dignity."

On the whole, people told us that the home was responsive to people's needs. However, one visitor told

Summary of findings

us; “My only concern is that I asked to make a referral and it still doesn’t appear to have been done. However, they tell me if my client has medical appointments and will often take them.”

During our inspection we noticed a number of people who used the service sat around in the main lounge area smoking. One relative told us about the pungent smoking odours that existed. We were told by a member of staff that people who smoked were offered non-smoking sessions or patches by the GP and practice nurse who attended the home on a weekly basis. We did not identify records to confirm that this had taken place.

During our inspection we saw a lack of stimulus and rehabilitation care being delivered. We saw that a number of people were simply sat around smoking for considerable periods of time with limited interaction and pro-active person centred care. One visitor told us; “I haven’t seen much in the way of activities or stimulation, but I have seen evidence of crafts and baking that they have been involved in.”

We found the service did listen to people’s concerns and experiences about the service. We found that questionnaires were sent to people who used the service, relatives, stakeholders and staff.

People we spoke with and staff told us they believed the home was well run. One private support worker said “Initially I didn’t feel it was the right place for X, but since getting to know staff and the manager, I feel they support her needs very well.” Other comments included; “The manager’s door is always open and very friendly.”

One member of staff said “I am valued and do feel appreciated here. There is always someone to support you. If you have any issues, concerns or complaints, I’m confident management will sort it straight away.” Another member of staff said “We are a small team and all feel valued and supported by the manager who is really approachable.”

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included medication audits, infection control checks, water temperature monitoring.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was safe. Every person we spoke with who either used the service or was a relative of someone who used the service told us the service was safe.

We found the service had suitable arrangements in place to manage risks and supported people's freedom and choices.

We found medicines were managed safely. Records supporting and evidencing the safe administration of medicines were complete and accurate.

Good



Is the service effective?

We found the service was effective. All staff confirmed they had undertaken an induction programme when they started with the service, which we verified from looking at personnel files.

We spoke to the manager and staff who demonstrated an understanding of the principals of the Mental Capacity Act.

We looked to see how the service supported people with their on-going health support. A GP attended the home every week, which enable people to speak directly to the Doctor without having made a prior appointment.

Good



Is the service caring?

We found the service was caring. Both people who used the service and relatives we spoke with told us they or their loved one were well cared for at the home.

Throughout the inspection we observed staff providing support and care in a kind and sensitive manner.

We observed instances where staff demonstrated a thorough understanding of respecting people's privacy, dignity and choices.

Good



Is the service responsive?

Not all aspects of the service were responsive. We saw that each care file highlighted people's preferences and their support needs. The structure of the care plans was clear and easy to access information.

Although the home promotes healthy lifestyles in its 'Vision Chart', displayed in the manager's office, we saw no evidence of healthy living education being carried out during our inspection.

During our inspection we saw a lack of stimulus and rehabilitation care being delivered. We saw that a number of people were simply sat around smoking for considerable periods of time with limited interaction and pro-active person centred care.

Requires improvement



Summary of findings

Is the service well-led?

We found the service was well-led. People we spoke with and staff told us they believed the home was well run.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included medication audits, infection control checks, water temperature monitoring.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

Good



Bradmere Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked 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 02 June 2015. The inspection was carried out by one adult social care 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.

We also reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external

professionals including the local authority safeguarding team and mental health teams. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 14 who were living at the home. The service employed six members of staff. We spoke with six people who lived at the home, four relatives, one private support worker and two social health care professionals. We also spoke with three members of care staff including a senior member of care staff. We also spoke with another manager from the company and the registered manager of the service.

Throughout the day, we observed care and support being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and laundry rooms. We looked at the personal care and treatment records of people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

Each person we spoke with who either used the service or was a relative of someone who used the service told us the service was safe. One person who used the service told us; “I feel safer here than I did at my last place.” Another person who used the service said “I feel safe here, I have not been bullied by either staff or other residents.” One relative told us; “I do think she is safe, better than at other places she was at. I don’t worry about here, I trust them and I have peace of mind.” Two people we spoke with told us they knew how to raise concerns and felt that the staff were approachable.

Staff we spoke with told us they believed people were safe staying at the home. One member of staff said “People are safe here, I have no concerns at all.” Another member of staff told us; “I think and know people are safe here. People generally get along, it’s a nice atmosphere here. We look out for signs for when people’s mental health deteriorates and get professional support for them immediately.”

As part of our inspection we checked to see how people who lived at the home were protected against abuse. We looked at the service safeguarding adult’s policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place. Safeguarding leaflets and posters were on display in the home with detachable telephone numbers, which people could tear off and use to report concerns directly to the local authority.

Staff we spoke to were able to confirm they had received training in safeguarding adults, which we verified by looking at training records. Staff were able to describe confidently what action they would take if they had any concerns and were aware of the service’s whistleblowing procedures. One member of staff told us; “I know management would deal with any issues here, I would have no problems speaking to them.” Another member of staff said “If I suspected any abuse, I would feel confident in approaching management and reporting issues.”

We reviewed a sample of six recruitment records, which demonstrated that staff had been safely and effectively recruited. Appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

We looked at a sample of seven care files to understand how the service managed risk. We found the service had suitable arrangements in place to manage risks and supported people’s freedom and choices. We found the service operated an open front door policy where residents were allowed to leave the premises when they wanted. The service encouraged people to report when they were leaving the premises and what time they would return. The service had suitable procedures to deal with missing persons in the event of a person not returning home at a scheduled time. People who were less independent were supported by a care worker if they wished to leave the premises.

We looked at personal risk assessments that had been undertaken by the service for each person who used the service. These included such areas as walking, bathing, showering, preparing food and drinks, going out alone, self-harm and behaviour that challenged. The assessments clearly indicated the level of risk and the identified controls for staff to utilise to minimise the risks. Other risk assessments we looked at included; risk to others, self-neglect and exploitation and vulnerability.

We looked at how the service ensured there were sufficient numbers of suitably qualified staff on duty to meet people’s needs. One person who used the service told us; “Always enough staff on duty.” Staff told us they had no concerns about staffing levels and that they found management responsive to any concerns including staffing. On the day of our visit we found there were sufficient numbers of staff on duty to meet the needs of people who used the service. On the day of our visit there were two care staff on duty during the day supported by a domestic cleaner and the registered manager.

At night time we were told only one member of staff was on duty. We spoke to a member of night staff and enquired whether they had any concerns about staffing levels at night time. They told us; “We have 14 residents all are very independent. Managers are always on-call so staffing is not an issue.” Another member of staff said; “No issue with staffing, it’s an open culture here.”

We found medicines were managed safely. We looked at what arrangements were in place for storing and administering people’s medicines. We found all medicines were stored securely in locked cupboard in the main office. We found Controlled Drugs were stored in line with guidance and undertook checks to make sure stocks

Is the service safe?

reconciled. The service was not administering controlled drugs at the time of our inspection. Staff had received training and their skills had been assessed by the service, which were verified from looking at training records.

The service mainly used a 'blister pack' dose system for the people who used the service to store their medication. Blister pack is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the persons care home. The pack had a peel off plastic lid and lists the contents and the time the medication should be administered.

Records supporting and evidencing the safe administration of medicines were complete and accurate. We looked at a sample of seven medication administration records (MAR) charts, which contained no omissions or signature gaps. We looked at the service medication policy, which included self-medication. We witnessed care staff administering medicines in line with how they had been prescribed, which included topical creams.

Is the service effective?

Our findings

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. All staff confirmed they had undertaken an induction programme when they started with the service, which we verified from looking at personnel files. They also confirmed they believed they had received suitable training to undertake their roles. The senior care member of staff told us that all staff were required to complete a level two National Vocational Qualification (NVQ) in care and that as a senior, they had recently completed their level three training.

One member of staff told us; “I had an induction, which included shadowing and training in safeguarding, medication and health and safety. I have just completed my Level two NVQ.” Another member of staff said “Currently doing my NVQ level two, we have covered safeguarding, food hygiene and infection control. I’m also doing a medication administration course at the moment and with previous training I have had my competency checked to make sure I’m giving it correctly.” The manager told us all staff that all staff received training in medication at a National Certificate of Education level in the safe handling of medicines, which we verified from viewing training certificates awarded to staff.

The service used an external company to meet their training requirements. Staff told us that most training was on-line based and included mandatory training in medication, food hygiene, health and safety, infection control, safeguarding and First Aid, which we were able to confirm from records.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. Staff told us they received regular supervision and felt supported in their role. Comments from staff included; “I feel supported in my role and receive supervision from the manager on a regular basis.” “I get individual supervision every six months or so. Any training needs I have are always met.”

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made.

We spoke to the registered manager and staff who demonstrated an understanding of the principals of the MCA. The manager told us that it was not the company’s policy to accept people subject of any DoLS restrictions as they maintained an open door policy at all times, with people coming and going when they chose. One member of staff told us; “I’ve had DoLS training, but its company’s policy not to accept people with a DoLS as we have an open door policy. We just ask residents to let us know when they go out and expected back.”

Before any care was provided, the service obtained consent from people who used the service or their representatives, which was recorded in the care plan. Throughout the inspection we saw staff addressing people politely and professionally when seeking consent to provide care such as when administering medication. One member of staff told us; “I always ask people for consent before doing anything. All residents here are capable of providing consent and have capacity, they would soon tell me if they didn’t want me to do anything.”

During our inspection we checked to see how people’s nutritional needs were met. Staff prepared meals for people with choices available. A menu was displayed in the dining room with the main meal being provided at tea time. One person who used the service said “The food is okay.” One relative told us; “She said the food is nice and they give her proper dinners, plenty of meat and veg.” Another relative said “Food okay, no complaints.” Other comments from relatives included; “They often serve corned beef hash in a bowl that is too small.” One member of staff said; “With meals, if they don’t like what’s on, we always offer something else. That happens a lot.”

During our visit bowls of fruit were available in the dining room for people to have. We saw tea and coffee making facilities were available in the kitchen and in the smoking room, where people were free to make their own drinks throughout the day and a water cooler was also available.

Is the service effective?

Staff told us that people were able to make their own snacks throughout the day such as sandwiches. We found the kitchen area was clean and that staff members wore gloves whilst preparing food.

We looked at care plans, which demonstrated that nutritional assessments had been undertaken with referrals to the dietician having been made for people over eating and people at risk of malnutrition. Where required, people's weights were recorded and monitored. Where people had been identified at risk, food diaries were maintained for the dietician services.

We looked to see how the service supported people with their on-going health support. A GP attended the home every week, which enable people to speak directly to the Doctor without having made prior appointments. We saw

that the home worked closely with other professionals and agencies in order to meet people's support requirements. The service worked very closely with the local authority mental health teams.

One member of staff told us; "We are very pro-active in identifying issues, just by monitoring people's body language, you get to know them and pick up issues. I feel we generally get good support from the local authority mental health teams, but I will insist on earlier appointments being made sometimes so that people get early support." Another member of staff said "We support the district nurse team with peg-feeds for one resident." They also told us that nurses had provided them with the necessary training in order to be able to provide support.

Is the service caring?

Our findings

Both people who used the service and relatives we spoke with told us they or their loved one were well cared for at the home. One person who used the service told us; “I have not encountered any violence here unlike other places I have stayed. Staff are generally very kind but they tell me if I am bothering them.” A relative told us; “It seems very nice and homely, she is very happy here.” Another relative said “Well looked after. Happy in herself and she seems to enjoy it at Bradmere.” Other comments included; “Staff are really friendly, my X is very happy.” “X has mental health issues, but we think she is happy there, she has never said otherwise.”

Throughout the inspection we observed staff providing care and support in a kind and sensitive manner. When administering medication, people were not rushed, but were allowed time to take their medicines. The interactions by the member of staff were sensitive and encouraging and it was apparent they maintained a positive relationship with people who used the service.

Staff were friendly, informative and encouraging and provided reassurance to people who appeared slightly agitated. We saw people leaving and entering the home at will either alone or in the company of a member of staff. One member of staff told us; “We support people, which includes taking them out when they are vulnerable on their own.” One person who had appeared agitated during the morning and whilst taking their medication was later taken out in a car for coffee by a member of staff. Staff told us that this person became very agitated when they knew they were being taken out. They recognised how important these trips were for this person and that they were not delayed.

We spoke to two health care professionals about the service their clients received, they told us that their clients received good care and attention in a settled homely environment. A private support worker told us; “Always made to feel welcome, you can just walk in anytime, there are lots of professionals coming and going. My client lost her relative, they bought a lovely bunch of flowers and staff were very supportive and giving X hugs and reassuring her.”

We observed instances where staff demonstrated a thorough understanding of respecting people’s privacy, dignity and choices. We observed staff knocking on doors before entering bedrooms and asking whether they could enter. One visitor told us; “I have seen staff knocking on doors and they appear to respect everyone’s privacy and dignity.”

On the whole, relatives and professionals told us they were involved in making decisions about the care and support people required. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. One person told us “Staff invite me to reviews regarding X and my role is to represent the family, and they do keep me informed.” One person who used the service told us they were unaware of care planning and preferred not to take part in any form of daily activity. They said “That’s my choice”. However, this person also said that they knew the registered manager and said “He listens to me.” One social health care professional told us that staff or the key worker always kept them informed of any developments and provided feed-back on their client.

Is the service responsive?

Our findings

On the whole, people told us that the home was responsive to people's needs. However, one visitor told us; "My only concern is that I asked to make a referral and it still doesn't appear to have been done. However, they tell me if my client has medical appointments and will often take them." A relative told us; "They would get in touch if anything was wrong." One social health care professional told us that they found the service very responsive and 'on the ball' with their client. The service had identified key areas to support their client around how to ask questions and maintain personal hygiene.

We looked at a sample of six care files. We saw that each care file highlighted people's preferences and their support needs. The structure of the care plans was clear and easy to access information. All care plans were reviewed with evidence of changes of need being made and recorded. We found care files provided clear instructions to staff of the level of care and support required for each person. This included detailed instructions on people's medication, psychological health, social contacts, physical health and current diagnosis.

Each file contained a recovery plan, which we asked a member of staff to explain. They said "We sit down with a resident when they arrive and ask them what their goals and aims are over a set period such as three or six months. One of our ladies came from a rehab hospital with a brain injury. Her goal was to make a drink, which she can now do. She has also learnt to dress herself and personal hygiene. We support, prompt, encourage and reassure them as they can become quite frustrated. Other goals could be just to get to know the local area, so we take people to the shops until they are able to do it themselves."

During our inspection we noticed a number of people who used the service sat around in the main lounge area smoking. One relative told us about the pungent smoking odours that existed. We were told by the registered manager that following a poll of people at the home, a major proportion of living space had been given over to smokers, which we saw was also used by staff members who smoked. Although there was some fans situated within the room these were only switched on at our request, and a patio door had to be fully opened to allow the smoke to disperse.

We asked what the service did to encourage people to stop smoking. We were told by a member of staff that people who smoked were offered non-smoking sessions or patches by the GP and practice nurse who attended the home on a weekly basis. We did not identify records to confirm that this had taken place. We found that although the home promoted healthy lifestyles in its 'Vision chart', which was displayed in the manager's office, we saw no evidence of healthy living education being carried out during our inspection.

One person who used the service explained that they took an interest in football and had previously attended matches. However, they had been unaware that the FA Cup Final had taken place the previous weekend. We found the home had not made a theme of this or even encouraged the person to watch the game.

During our inspection we saw a lack of stimulus and rehabilitation care being delivered. We saw that a number of people were simply sat around smoking for considerable periods of time with limited interaction and pro-active person centred care. One visitor told us; "I haven't seen much in the way of activities or stimulation, but I have seen evidence of crafts and baking that they have been involved in." We were told by the manager that cooking, gardening and computer training was available for people to use and that the service also provided Wi-Fi.

One social health care professional told us that it was difficult to motivate their client and ultimately it was their choice whether they wanted to engage in any activity. However they felt the service was very active trying to motivate the person. One member of staff said "With activities, we encourage people to bake, crafts and watch films. We will take people shopping, but it's completely up to them." Another member of staff told us; "We are involved with social services in establishing activities for people to become involved in, but people will change their mind and choose not to get involved."

We found the service did listen to people's concerns and experiences about the service. We found that questionnaires were sent to people who used the service, relatives, stakeholders and staff. We looked at a number of responses, which were complimentary of the service provided. One state holder had commented; "I'm very happy with the standard of care delivered at the home. The atmosphere is very homely and service user is treated as an

Is the service responsive?

individual.” We also looked at minutes from a recent resident’s meeting that had taken place, which discussed such issues as the menu and agreed trips out to be arranged later in the year.

The service policy on complaints provided clear instructions on what action people needed to take. Most people told us that if they had any complaints or concerns they would speak directly to staff or the manager.

Is the service well-led?

Our findings

People we spoke with and staff told us they believed the home was well run. One private support worker said “Initially I didn’t feel it was the right place for X, but since getting to know staff and the manager, I feel they support her needs very well.” Other comments included; “The manager’s door is always open and very friendly.” One member of staff said “I am valued and do feel appreciated here. There is always someone to support you. If you have any issues, concerns or complaints, I’m confident management will sort it straight away.” Another member of staff said “We are a small team and all feel valued and supported by the manager who is really approachable.”

There was a registered manager in place. 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 present throughout our inspection and was very responsive to any feedback we provided. Throughout the day we saw the registered manager engaging with people who used the service and staff. The atmosphere was relaxed and calm throughout our inspection.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the

required standards. These included medication audits, infection control checks, water temperature monitoring. Staff were required to undertake daily morning and night checks on people who used the service, monitoring of fridge temperatures, weekly fire alarm checks and cleaning schedules. Fire risk assessments had been undertaken as well as Legionella and health and safety.

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We looked at minutes from staff meetings, which covered issues such as activities and trips for people who used the service.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

The management told us that they had received a ‘Gold Award’ for Mental Health residential and nursing care. This involved local authorities from the Greater Manchester area and provided a framework to identify preferred homes for their clients. The service also used independent advocacy services including the citizen advice bureau to support people with any issues relating to mental health and welfare.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.