

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

The inspection took place on 4 November 2016. At the last inspection in November 2013, we found the provider was meeting the regulations in all the areas we reviewed.

Bradley Resource Centre is registered to provide accommodation for people who require personal care. The service provides short stay reablement services and accommodation for up to 23 older people some who may have a physical disability. People generally lived at the centre for a period of four to six weeks. On the day of the inspection there were 19 people living at the centre.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they felt safe. Staff knew how to protect people from the risk of harm or abuse. Staff were aware of people's individual risks and how to minimise these. People's medicines were managed safely. People felt there were adequate numbers of staff available. People felt staff had the skills and knowledge to meet their individual needs.

Staff obtained consent from people before they provided care. People had a choice of meals and were supported to meet any specific dietary needs. People had access to other healthcare professionals to ensure their healthcare needs were met. People told us they felt involved in their care and treatment.

People said staff were kind, caring and treated them with dignity and respect. People had access to a number of different professionals and services to support their independence. People and relatives felt listened to and were able to provide feedback about the service. People and relatives said if they had any complaints these would be addressed by the registered manager.

People felt the management team were approachable and visible within the home. Staff understood their roles and responsibilities. The provider had management systems in place to assess and monitor the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe. Staff understood their responsibilities to protect people from potential harm or abuse. People were supported by sufficient numbers of staff. Risks to people were assessed and managed appropriately. People received their medicines as prescribed and in a safe way.

Is the service effective?

Good ●

The service was effective.

People received their care from staff who were knowledgeable and had the skills to meet people's needs. People's rights and choices were protected. People were encouraged to have enough to eat and drink. People had access to healthcare professionals as required to meet their health needs.

Is the service caring?

Good ●

The service was caring.

Staff were friendly, kind and caring. People's choices were respected. Staff promoted people's independence and were respectful of their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care. People were encouraged and supported to maintain their relationships with family and friends. People and their relatives felt listened to and knew how to raise concerns.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives felt the service was well-managed. People were cared for by staff who understood their roles and responsibilities. People and staff felt their opinions mattered.

There were effective systems in place to monitor the quality of the service people received.

Bradley Resource Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 November 2016 and was unannounced. The inspection team consisted of one inspector. Before our inspection we reviewed information we held about the centre including information of concern and complaints. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with seven people who lived at the centre and three relatives. We spoke with four members of staff. We also spoke with the assistant manager of the centre and registered manager for another service as the registered manager for Bradley Resource Centre was not available on the day of the inspection. We looked at three records relating to people's care. We also looked at two people's medicine records, three staff recruitment files and records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe and if they were concerned about anything they would speak with staff or the registered manager. One person said, "It's very safe here; staff are about all the time." Another person said, "I feel very safe here always people around and you just have to press the buzzer and someone comes." A third person said, "Everything [staff] do is done safely, staff make you feel safe here they don't rush you and the night staff check everywhere so you feel secure." Staff told us they had received training to protect people from harm and staff we spoke with were knowledgeable in recognising signs of potential harm or abuse. One member of staff said, "I have had safeguarding training and know what the different types of abuse are such as physical or shouting at people. I would report any concerns I have to the manager." Another member of staff told us, "Abuse can be different things like verbal, sexual, neglect or financial. I would not hesitate to report anything I saw to my line manager." Staff told us they had confidence in the registered manager and felt they would listen and act on any concerns raised. The assistant manager was aware of their role of reporting safeguarding concerns. Records we looked at demonstrated that they understood their responsibility to refer any allegations of abuse or harm to the local safeguarding authority. This meant people were protected from the risk of harm or abuse because staff understood how to report abuse and the provider had effective systems in place to keep people safe.

Staff understood people's individual risks and delivered care and support in a way that kept people safe. One person said, "I am at risk of falls [staff] are aware of this and are helping me to [mobilise] safely." A relative commented, "[Staff] are fully aware of [person's name] risks and are helping them to manage these." Staff told us about people's different risks and how they supported them. For example, with the use of mobility aids. We reviewed three people's care records and found information available to staff supported what staff had told us about people's individual risk management. For example, where people were administering their own medicines we saw clear assessments had been completed for each person detailing any risks or support they required.

Information about changes to people's needs was communicated at handover between staff which meant they understood people's needs and supported them appropriately. Staff knew how to report incidents, accidents and falls. A system was in place to monitor these across the centre and we saw trends were monitored by the registered manager. If any action was required to reduce the risk of re-occurrence we saw people's care records were updated and information was shared with staff. This meant there was an effective process in place to assess and manage risks to people.

People told us there were sufficient numbers of staff available to meet their needs. One person said, "I think there are enough staff I don't have to wait long for anything and they come when you press the buzzer." Another person said, "Sometimes staff are very busy but I think there are enough staff about." A relative commented, "Always seems to be staff about when I visit and [person's name] has never said anything about staffing numbers." Staff we spoke with said they felt there were enough staff to support people who were using the centre. One member of staff said, "There are busy times I think we have enough staff we cover shifts using overtime or between ourselves." Throughout the inspection we saw staff were available in the communal areas and we saw any requests from people were met in a timely manner. This indicated there was adequate numbers of staff available who were deployed effectively to meet people's needs.

The provider had a system in place to ensure staff were recruited safely. One member of staff said, "I worked for [Wolverhampton Council] for a long time but I have had Disclosure and Barring Service check (DBS)." DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from being employed. We looked at three staff files and we saw appropriate checks had been completed when they were recruited. These checks included DBS checks and confirmation of a person's identity. We also saw that the registered manager addressed any concerns around staff members conduct or performance and had systems in place to manage these appropriately.

We looked to see whether medicines were managed safely by the provider. One person said, "I always have my medicines when I need them." Staff told us they felt confident administering medicines. One member of staff said, "I feel happy giving people their medicines we have our competency checked and there are always two members of staff doing the medicine rounds." We saw how people were given their medicines by staff. We observed staff stayed with people whilst they took their medicine and offered people a drink if required. We saw staff signed the medicine record once they had confirmed the medicine had been taken. A number of people administered their own medicines one person said, "Staff watched and made sure I was ok on my own. They made sure I was confident to do my own medicines." We saw assessments were in place for those people who administered their own medicines and where required additional aids such as pill dispensers were offered to people. Where people had medicines that they took as and when required, we saw there was guidance in place to support staff in the administration of these. We looked at the systems used to store and dispose of people's medicines and found the provider was doing this safely.

Is the service effective?

Our findings

People told us they were happy with the care they received and said staff were well trained. One person said, "[Staff] know exactly what to do and have helped me. [Staff] are very skilled at their job." One relative commented, "Staff are very good they are very well trained." Staff told us they felt they had the skills and knowledge to meet people's needs and felt confident in providing the appropriate care to people. Staff told us they had access to different training sessions to meet people's needs. One member of staff said, "I have done lots of different training I have just completed training on the Mental Capacity Act I don't assume because someone may have dementia they can't make decisions about their care." Staff also told us they had their competency checked regularly particularly for medicine administration and completed questionnaires compiled by the registered manager to check their knowledge. This meant staff were being supported by the provider to obtain the relevant skills and develop their knowledge to support people with their care needs.

Some staff had worked at the centre for a number of years. However they said when new staff started to work at the centre they worked alongside other experienced staff which helped them to become familiar with their role and what was expected of them. Staff told us they felt fully supported in their role and the registered and assistant managers were always available to offer support. One member of staff told us, "I am well supported I have regular meetings and also we have staff meetings, minutes are produced and available for staff to read through." Another member of staff said, "Information is shared with all staff whether it is in supervision meetings or team meetings. I feel very supported in my role." This showed staff felt supported by the provider.

The Mental Capacity Act (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 we spoke with confirmed staff asked for their consent. One person said, "[Staff] don't do anything behind your back they involve you in everything and always seek your agreement before doing anything." A member of staff said, "I always get a person's consent, if a [person] refused I would offer encouragement and explain why I wanted to do something. If they said no I would respect their wishes and record it and let the manager know." Throughout the inspection we saw staff asking people for their consent including gaining people's consent to provide reablement activities and asking people where they would like to sit to eat their meals. Staff understood their responsibilities in respect of MCA and sought people's consent before providing care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The assistant manager was aware of the MCA and DoLS, however said the majority of people who used the centre had capacity to make their own decisions about their care and support needs. However they

said where people may not have capacity to make particular decisions they would follow the MCA to protect a person's human rights. The assistant manager informed us there was no one living at the centre that was currently subject to a DoLS arrangement.

People were very happy with the food provided. One person said, "Food is all freshly prepared. The food is exceptional." Another person said, "The food is very good it is very well cooked and well presented. I can't fault the food." We saw throughout the day people were offered a choice of snacks and drinks. We observed mealtime and saw although people had chosen their meal earlier in the day they were given the opportunity to change their selection. People were also offered alternative choices such as baked potato or sandwiches if they had changed their mind. Mealtimes were relaxed and people chose where they wanted to sit. We saw people chatting and laughing with each other and the staff. Staff we spoke with were able to explain people's individual dietary requirements and preferences and how those needs were met. For example, a diabetic diet.

People had no concerns about their healthcare needs not being met or how they were supported by staff at the home. One person said, "Any issues I have about my health are dealt with quickly [staff] will contact doctor or the staff who work at [centre] the physiotherapist or social worker." A relative commented, "If [person's name] needs a healthcare professional staff will contact them straight away and let the family know." We looked at people's health care records and saw referrals had been made where concerns had been identified about people's health needs. Guidance given by health care professionals such as physiotherapists were recorded in people's records for staff to refer to.

Is the service caring?

Our findings

People and their relatives were consistently positive about the care people received while they were at the centre. One person said, "Staff are absolutely excellent, kind and considerate." Another person told us, "Staff are very nice, very pleasant they are great." A relative commented, "Staff are wonderful, kind and always there to help." During our conversations with staff they demonstrated they had a detailed understanding of people's individual needs, likes and dislikes. One member of staff said, "You get to know people very well from conversations with them and you support them in a way they are happy with." We saw one person who came into the communal lounge we saw a member of staff approach the person and ask if they needed anything and offer to make them a drink. This showed staff were caring and attentive to people's needs.

People told us they had good relationships with the staff at the centre and they were supported to express their views and make choices. One person said, "Staff talk with me about any decisions I have to make. I make all my own decisions and choices. I choose what I want to wear and how much help I need." Another person said, "I choose to go to bed early and watch TV, I make my own choices like I would if I was at home." Staff recognised the importance of communicating with people in a way they understood. Staff explained most people using the centre were able to convey their views and choices verbally. One person said, "[Staff] are very patient, they explain things and talk clearly making sure I understand." A member of staff told us, "We used a book, wrote things down and observed body language for one person who was here. It's about knowing people's communication methods and using them." We saw staff offered people choice throughout the day for example, where they wanted to sit, what they wanted to do with their time and what they wanted to drink. People told us they felt listened to and able to say how their care was provided. One person said, "Staff hear what you are saying and do what you want." This showed staff communicated with people that enabled them to make day to day choices and decisions.

People told us they were supported to regain their independence whilst residing at the centre. One person said, "Staff are lovely they have helped be regain my independence and have re-built my confidence." Another person said, "[Staff] let you do all the things you can do yourself and then help you regain your independence in others." A third person said, "Staff use to have to help me a lot but now I can do things for myself again for example wash my face, neck and chest." We saw throughout the inspection people being encouraged and where required supported by staff to regain their independence such as with their mobility, personal care and preparing snacks and drinks. Staff told us they supported people to regain their independence by sourcing appropriate aids or support such as mobility aids or tele-care services. The registered manager and staff worked alongside other professionals to maximise people's independence and decrease the length of time people stayed in hospital. We saw the staff team worked with other agencies to ensure when a person left the centre appropriate support was in place such as home care services. This demonstrated people's independence was promoted and encouraged.

People told us their dignity and privacy was promoted and respected by staff. One person said, "Staff protect my dignity, they cover me if they need to support me with [personal care]." Another person said, "[Staff] always knock on my door before entering and speak to me in a nice manner." Staff we spoke with shared examples of how they treated people with dignity such as talking to people at

eye level and making sure people were happy with the way care was provided. We saw throughout the day staff talking to people respectfully using their preferred names, knocking on people's doors before entering their rooms and talking to people at eye level.

People were supported to maintain relationships with family members and friends whilst living at the centre. One person said, "If you want to have a private chat you just mention it to a member of staff and they will take you to a private room. Staff respect privacy." One relative commented, "I come to visit [person's name] every-day. I am always welcomed by the staff. This demonstrated people's dignity and privacy was respected by staff.

Is the service responsive?

Our findings

People and their relatives were involved in the planning of their care and support. One person said, "Staff involved me and continue to involve me in everything about my care. I was involved fully in developing my care plan and have agreed with it and signed it." Another person told us, "Staff discuss everything with you and it is written down. I discussed what I could and couldn't do and what help I need."

We looked at the care records for three people and saw systems were in place to review people's needs regularly. This ensured staff had up to date information to refer to. We saw one person's care record had been updated straight away following a reablement session with the physiotherapist. Staff were able to share with us how they supported the person to regain their mobility which reflected what was in the person's care record. Staff explained the processes they used to share information with other member of staff. They told us information was shared straight away with the manager or senior staff if they noticed a change in a person's need and action was taken to respond to the change. For example, reviewing how support is delivered or contacting appropriate health or social care professionals. Staff said they also attended a handover at the start of each shift which provided them with up to date information about people's needs or any other issues they needed to be aware of. This showed a system was in place to ensure any changes in people's needs were responded to in a timely manner.

We asked people what interested them and what they enjoyed doing during the day. Bradley Resource Centre provides reablement services to people to enable them to go home or onto other services such as residential care. People reside at the centre for a period up to six weeks and undertake a range of reablement sessions to regain their independence. For example, following a fall. People said these sessions took up periods of time during each day, people said when they were not attending these sessions they enjoyed reading, socialising with other people and chatting to staff.

People and their relatives told us they had no need to complain about the care they received, but said they knew how they would raise concerns if they needed to. One person said, "We have information about how to make a complaint in our room. I have no concerns but if I did I would speak to the staff or manager." Another person said, "If you have any grumbles about anything staff will sort it out straight away." Staff we spoke with told us they were happy to raise any concerns on people's behalf and that the manager would listen. We looked at the provider's complaints system and saw one complaint had been received we saw it had been investigated and responded to appropriately. This demonstrated people knew how to complain and the provider did respond to any issues raised.

Is the service well-led?

Our findings

People felt the service was well run. One person said, "The centre is very well managed. The manager's and staff are very approachable." Another person said, "It is very good here, it is a well-run service I have been very happy with the support I received since I have been here." A relative commented, "The centre is very good indeed, I have been very pleased with everything it is an excellent service." Staff expressed positive views about the registered manager and senior staff, one member of staff said, "The registered manager is very approachable, you could speak with them about anything and they are always available." Another member of staff said, "It is a very rewarding job and the support from staff and manager's is very good." People told us they felt involved in the home and that their opinions mattered. One person told us, "We have individual chats and [residents] meetings with [registered manager] they are very good, you can say what you think and issues are dealt with." Another person said, "[Provider] is always checking happy with service." This showed there were processes in place which enabled people to share their views about the service they received.

Although the registered manager was not available at the time of the inspection we saw there was a clear management structure in place. Staff told us information they needed was accessible such as care records and they were aware of their roles and responsibilities. Staff said they received enough support and training to do their jobs. They said the registered manager and senior staff communicated well and listened to their views and suggestions. They said they had regular one to one and team meetings and were able to discuss their individual performance, training and any matter which might affect people who used the centre. Staff felt confident any concerns they might raise would be listened and responded to appropriately. They were aware of the provider's whistle-blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about wrong doing within an organisation. This demonstrated staff felt supported by the provider and registered manager.

The management team were aware of their legal obligations to notify the Care Quality Commission (CQC) about certain events such as allegations of abuse or serious injuries. We saw there were effective systems in place and where required notifications were made to CQC. We found arrangements were in place to assess and monitor the quality of service provided. We saw changes to people's care and any risks were monitored for trends. We saw the registered manager also completed regular audits to monitor the quality of the service. For example, medicines and infection control. Where issues were identified an action plan was put in place to address concerns. Information was collected and analysed by the registered manager to improve the service people received.