

## Bradwell Hall Nursing Home Limited

# Bradwell Hall Nursing Home

### Inspection report

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Date of inspection visit:  
29 March 2016  
30 March 2016

Date of publication:  
19 May 2016

### 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected Bradwell Hall Nursing Home on 29 and 30 March 2016, and was unannounced. At the last inspection on 08 and 09 October 2016 breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the way medicines were managed, and improvements to ensure that there were enough staff available to meet people's needs. We found that improvements had been made to meet the legal requirements, but there were some further improvements needed.

Bradwell Hall is registered to provide accommodation and nursing care for up to 187 people. People who use the service have physical health and/or mental health needs, such as dementia.

Bradwell Hall provided accommodation and nursing care over seven separate units. We inspected the Audley, Breward, Chester, Chatterley, Keele and Sneyd units. The provider had recently registered the Tunstall unit and at the time of the inspection this unit was not providing a service. At the time of our inspection there were 141 people who used the service.

The service had a registered manager in post. 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.

Systems were not always in place to ensure people received their medicines safely. Improvements were needed to ensure that some medicines were stored and administered safely.

Some improvements were needed to peoples' mealtime experiences to ensure that people on all of the units experienced their meals in a calm and organised environment.

People had access to some interests and hobbies within the service. However, improvements were needed to ensure that when the dedicated member of staff was unavailable to provide these activities, people were still supported to meet their emotional and social needs.

Some improvements were needed to ensure that the systems in place to monitor the quality of the service provided were monitored effectively.

People told us they felt safe and we saw that staff carried out support in a safe way. People were supported to be as independent as possible whilst taking account of any risks to their safety.

We saw that there were enough staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels and the provider had a recruitment procedure in place, which ensured people were supported by suitable staff.

Staff listened to people and encouraged them to make decisions about their care. We found that the provider followed the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs effectively.

People were supported with their health needs and were able to access other health professionals when required.

People who used the service and their relatives told us the staff treated them with compassion, dignity and respect and staff listened to their choices in the care they wanted.

People told us that the management team showed them care and they promoted a friendly atmosphere across the service.

People's preferences were sought and staff understood how people liked their care to be carried out. People's care needs were regularly reviewed and updated.

People understood how to complain and complaints were managed in line with the provider's complaints policy.

People and their relatives were encouraged to provide feedback about their care, which were acted upon by the registered manager.

The provider promoted an open culture. People and staff told us that the management were approachable and that they listened to them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Some improvements were needed to ensure that some medicines were stored and administered safely.

People were safeguarded from harm because staff understood their responsibilities if they suspected people were at risk of abuse.

People were safe because their risks were assessed and managed and staff understood how to support people safely whilst maintaining their independence.

There were enough suitably qualified staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against people's assessed needs.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Some improvements were needed to peoples' mealtime experiences to ensure that people on all of the units experienced their meals in a calm and organised environment.

We found that the provider followed the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs effectively.

People were supported with their health needs and were able to access other health professionals when required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People who used the service and their relatives told us the staff

**Good** ●

treated them with compassion, dignity and respect and staff listened to their choices in the care they wanted.

People told us that the management team showed them care and they promoted a friendly atmosphere across the service.

### **Is the service responsive?**

The service was not consistently responsive.

People had access to some interests and hobbies within the service. However, improvements were needed to ensure that when the dedicated member of staff was unavailable to provide these activities, people were still supported to meet their emotional and social needs.

People's preferences were sought and staff understood how people liked their care to be carried out. People's care needs were regularly reviewed and updated.

People understood how to complain and complaints were managed in line with the provider's complaints policy.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Some improvements were needed to ensure that the systems in place to monitor the quality of the service provided were monitored effectively.

People and their relatives were encouraged to provide feedback about their care, which were acted upon by the registered manager.

The provider promoted an open culture. People and staff told us that the management were approachable and that they listened to them

**Requires Improvement** ●

# Bradwell Hall 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 was 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 29 March and 30 March 2016 and was unannounced.

The inspection team consisted of six inspectors, which included a pharmacy inspector and two Experts by Experience, who had experience of older people's care and dementia services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the planning of our inspection we reviewed information we held about the service. We reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding concerns.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 people living at Bradwell Hall Nursing Home, 15 relatives, four nurses, 12 care staff, five unit managers, the deputy manager and the provider. We observed care and support in communal areas. We viewed 22 records about people's care and records that showed how the service was managed. These included records for staff employed at the service and audits completed by the registered manager and the provider. We also viewed 14 people's medication records and observed how medication was managed and administered to people.

## Is the service safe?

### Our findings

At the last inspection on the 08 and 09 October 2014, we found that there was a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the way medicines were managed. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that the provider was meeting the regulations, but there were some improvements that still needed to be made.

We saw people's medicines were administered correctly and stored in locked trolleys on the six units in the home. However, we found that insulin medicines were not stored safely. We saw insulin which was in use stored in the fridge. A unit manager we spoke with was aware that this should be stored at room temperature, but told us that the home kept these in the fridge for convenience. The insulin's were immediately removed and placed at room temperature according to the manufacturer's specification. The provider reassured us that they would communicate this to all the units immediately to ensure this type of medicine was stored safely.

We saw that equipment was used to crush some people's medicines. We saw on one unit these had not been washed and dried before they were used for another medicine. This meant there was a risk of potential unsafe contamination from other medicines administered. There was not a list of medicines that showed whether it was appropriate for certain medicines to be crushed or sprinkled into food or drink. We were reassured by the deputy manager that this would be reviewed and updated immediately.

We saw that nursing staff were following appropriate procedures and the provider's medicine policy during the medicine rounds to ensure people's medicines were administered safely. We saw that nursing staff had consistently signed the medication administration records confirming they had given people their medication as prescribed. We found that protocols were in place for 'as required' medicines, however improvements were needed to ensure that specific details were available for staff to ensure people received appropriate and consistent care.

At the last inspection on the 08 and 09 October 2014, we found that there was a breach in Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the way staff were deployed across the service and to ensure there were enough staff available to meet people's needs. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that the provider had made improvements and was meeting the regulations.

People told us they always received the support they needed when they needed it. One person said, "The staff are brilliant. Their responses are always quicker than 5 mins". Another person said, "I think there is enough staff, I don't have to wait when I need help". We received mixed views from relatives about the staffing levels at the service, which included; "They are short-staffed on occasions, but they always juggle it.

No one goes without care", and, "There is always a member of staff around", and "Staff are busy, but my relative doesn't have to wait when they need help". Most staff we spoke with felt that there were enough staff available and told us that extra staff were in place to cover shortfalls in staffing numbers. We saw there were enough staff deployed across the service to provide care and support to people when they needed it.

We saw that the registered manager had a system in place to assess the staffing levels against the dependency needs of people. We saw changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe. We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to people who used the service.

People told us they felt safe when being supported by staff. One person said, "Staff are kind and treat me well, I have no issues". Another person said, "I feel safer here than I did at home. The staff are really good". Relatives told us that they felt that their relatives were supported safely by staff. We saw that people were happy and appeared comfortable when staff provided support. Staff explained what action they would take if they were concerned that a person was at risk of harm. They knew how to recognise the possible signs that people may display if they were unhappy and where abuse may be suspected. The registered manager and management team understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified.

People told us they were supported to be as independent as possible whilst taking into consideration any risks to their safety. A person said, "I have to be careful when I'm walking about and staff help me so I don't fall over". Another person said, "I'm quite independent really, I don't need much help but staff are very kind and help me if I need it". Staff explained people's risks and how they supported people to remain safe from harm. The records we viewed showed that people's individual risks were assessed with guidance for staff to follow to keep people safe. For example; several people were at high risk of falling. We saw that one person had specialist equipment in place and another person had been assessed as requiring one to one support by staff at all times to lower their risk of falls. Staff were aware of the management plans in place and we saw staff supporting people in line with their plans of care.

We saw records of incidents that had occurred and these included the actions taken by the deputy manager to lower the risk of further incidents. The deputy manager had reviewed incidents and we saw that the required actions had been taken and where required specialist equipment and referrals to health professionals had been made. For example, one person had suffered falls at the service and this had been discussed at the fortnightly meeting with other health professionals. It was decided that equipment was needed to alert staff when this person was mobilising and we saw this had been put in place.

## Is the service effective?

### Our findings

We observed lunch in all of the six units. We found that lunch in the Sneyd, Breward and Keele units were calm and organised and staff chatted to people throughout their lunch and encouraged people to have sufficient amounts to eat and drink. However, on the Chester, Chatterley and Audley units the mealtime was disorganised and people were kept waiting for their meals. We saw that people who were sitting together did not receive their meals at the same time, which made some people anxious and some people were falling asleep at the table. We spoke with the staff on duty who told us that it was difficult because the meals were put in a certain order in the kitchen and therefore staff could only give people their meals when they identified them on the trolley. We spoke with the deputy manager and provider, who told us they would look into how they would be able to make improvements for people's mealtime experiences.

People gave mixed views of their mealtime experiences. Comments included; "Everything is home cooked, beautiful", "Sometimes the food is better than other times", "I think the food is good, I get a choice", and "The food is okay, I don't like it all but I do get something I want". Relatives who regularly had meals at the service with their relatives told us the quality of the food was good and the majority had no complaints. We saw that people had a choice of meals which they had chosen the previous evening and these were displayed on a notice board to remind people of the meals on offer. However, we noted that on all units people who needed a soft diet were only offered one choice at lunch.

People told us they were able to see health professionals when they needed to. One person said, "Staff make sure I see a doctor if I am unwell. The chiropodist visits me too". The records we viewed showed that people had accessed health professionals such as; the doctor, dietician, consultants and social workers. We saw that when there had been deterioration in people's health the records had been updated and contained guidance for staff to follow so that people were supported to maintain their health and wellbeing.

We saw support plans were in place that detailed the individual support people needed at mealtimes. For example, one person had been assessed as a high risk of malnutrition due to weight loss. We saw that this person required assistance at mealtimes and we saw that staff helped this person to eat and drink sufficient amounts. There was regular monitoring in place for this person and referrals to appropriate health professionals to seek advice had been undertaken and acted on by the registered manager.

We observed staff talking to people in a patient manner and gained consent from people when they carried out support. Some people were unable to understand some decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. The MCA sets out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff explained how they supported people to understand decisions that needed to be made. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. Relatives and other professionals were involved and support plans were in place, which contained details of how staff needed to support people in their best interests.

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 saw that there were Deprivation of Liberty Safeguards (DoLS) in place, which had been authorised after an assessment had been carried out, which included other professionals. Staff were aware of the restriction in place and we saw staff support the people to keep them safe from harm in line with their individual DoLS.

Staff explained how they supported people with behaviour that may challenge and they knew people's individual triggers that caused their anxieties. We saw that clear plans were in place for staff to follow, which contained details of how to recognise physical and emotional signs of anxiety where people had communication difficulties.

Staff told us they received an induction when they were first employed at the service, which included training and a period of shadowing an experienced member of staff. Staff also told us they received training to carry out their role and this was regularly refreshed and updated. The records we viewed confirmed this. Our observations showed that staff understood how to support people effectively. For example; how to communicate with people effectively and how to support people who displayed behaviour that challenged. Staff told us and we saw records that showed they had received supervision with a senior member of staff to discuss any concerns and their development needs on a regular basis.

## Is the service caring?

### Our findings

People told us that the staff, registered manager and provider were caring towards them. One person said, "The staff are very kind towards me". Another person said, "I like all of the staff they do anything I ask them to". Relatives we spoke with were complimentary about the care their relatives received from staff. One relative said, "The staff are very caring. It's the little extra things they do for them too. Nothing is too much trouble". We observed staff interaction with people and found that staff were caring and compassionate towards people. We saw staff making people feel important and good about themselves. For example; we heard staff giving compliments such as; 'I like your hair', and 'You look nice this morning' and 'They are nice beads'. Staff responded in a caring way when people became upset or anxious. For example; we saw that one person became upset and staff gave reassurance and positive touch to make them feel cared for. Staff we spoke with were enthusiastic about their role and they told us they were committed to providing a caring service to people.

People told us that they were given choices in how and when their care was carried out. One person said, "I can get up when I want and go bed when I want. I please myself". Another person said, "I can choose different things like my clothes, food and what I want to do. Staff always listen to what I say". A relative said, "My relative has difficulty communicating their wishes now but the staff have listened to what I have said so that they get the care how they want it. I have told the staff my relative's favourite colour and it is nice to see that they help them to wear clothes in this colour too". Staff told us they always made sure that people were given choices and they were aware of people's preferences. Where people had difficulty communicating their likes and dislikes staff knew people well and relatives were involved to ensure that people received care in a way they preferred.

People and their relatives told us they were treated with dignity and respect when they were being supported by staff. One relative said, "My relative always looks well dressed and tidy". Another relative said, "Staff talk with people in a respectful manner. My relative's privacy is respected and if they need any care carrying out they take them to their room for privacy". We saw one person had spilt a drink on their clothes and staff took them to change their clothes which ensured their dignity was protected. Staff spoke with people in a way that respected their dignity, for example; staff took time to talk to people face to face and were patient, giving people time to respond to any questions they were asked. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. Staff told us why it was important they supported people to wear what they wanted. For example; one person would not like to be seen without make up and perfume.

We also saw the provider was visible in the service and they walked around talking to people. People were able to share a laugh and a joke with them and approached them easily. We saw the provider showing care and compassion towards people and they asked if people were well. People told us they felt comfortable approaching the provider and they showed interest in their wellbeing. Staff told us that the provider and manager made the atmosphere friendly and were caring towards people.

## Is the service responsive?

### Our findings

People we spoke with told us they were involved in various hobbies and interests. One person said, "We do things like bingo and quizzes and sometimes have a singer who comes into the home". One person told us that they maintained a small plot in the garden in the summer where they grew vegetables and fruit. However they said that there wasn't much for them to do in the winter months. We saw that there was an activity schedule in place which contained various interests and hobbies that people could be involved in such as; bingo, quizzes, colouring, music, news, hair dressing, ball games, craft, knitting and memory books. Staff told us there were some sensory items available for people, such as; dolls, soft toys and rummage boxes, but we did not see that these were in use across the units. On the day of the inspection we did not see people being involved in these activities and were sitting watching television or they were in their rooms. Staff told us this was because the activity workers were not available and staff did not always have time to initiate the activities that had been scheduled. This meant that improvements were needed to ensure that people were given the opportunity to be involved in activities when the dedicated workers were unavailable.

We found that people on some of the units had care plans that were individualised to their personal likes and dislikes. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs. Staff explained what preferences people had and how they supported them to receive individualised care. For example; one person liked a certain type of perfume and a particular colour and liked to sit in the same place throughout the day. Another person followed a specific religion and a clergy visited the service to ensure their religious needs were met. However, we found that not all people had the same individualised plans in place. The deputy manager told us that all care plans were gradually being reviewed to ensure that each person had a personalised care plan.

People and relatives told us that they were involved in the planning of their care or their relative's care. One person said, "I am involved in my care by staff and they always ask me how I would like things done". A relative said, "We were involved from the start. We are invited to annual reviews which include my relative's social worker too". We saw that reviews of people's care were undertaken regularly and where changes to people's needs had occurred staff explained how these changes had been implemented. Records we viewed showed that people and their relatives had been invited to be involved in discussions about their care and treatment.

We saw that staff were responsive to people's individual ways of communication. Staff gave people time to respond and understood what they needed even when people had difficulty communicating. They did this by watching people's physical ways of communication and their facial expressions. Staff told us how they recognised what people needed by people's individual ways of communication. For example, some people who had dementia found communication difficult and staff explained that it was important to speak clearly and give people time so they were able to understand staff.

Most people told us they knew how to complain if they needed to. One person said, "I would tell the unit

manager if I had a complaint". A relative said, "I wouldn't hesitate to complain. I would speak with the unit manager and I am confident it would be dealt with". The provider had a complaints policy in place and we saw that there was a system in place for the registered manager to log any complaints received. The complaints we viewed had been acted on and a response sent to the complainant. This meant the registered manager took account of people's concerns to make improvements to their care.

## Is the service well-led?

### Our findings

We found that some improvements were needed to ensure that the service was monitored and managed appropriately. For example; we saw that some people had DoLS authorisations in place to ensure that they received personal care in their best interests. This meant that restraint was needed at times. We spoke with staff who understood what actions they needed to take and we saw that staff were trained to carry this out safely. We found that after a person had been restrained there were no records completed to provide details of the restraint. There were no records that showed when restraint occurred, which staff were involved, the type of restraint used and how long the person needed to be restrained. This meant that there were no records to enable the registered manager to monitor that restraints were being carried out appropriately and in line with people's individual care plans. We informed the deputy manager and provider who told us they would put this into place immediately and ensure all staff knew they needed to record this information in the future.

We found some improvements were needed in the management of medicines. Medicine audits had been carried out by the unit managers on a daily and weekly basis and the deputy manager checked the medicines on a monthly basis. However, the concerns we found at the inspection had not been identified by the audits. This meant that improvements were needed to ensure that the monitoring of medicines was effective.

People told us the registered manager and the management team were approachable. One person said, "I would normally speak to the unit manager but the owners and the registered manager are always friendly, I see them around often". Another person said, "The door is always open if I need to go and speak with them". The deputy manager told us that the provider was supportive and was available when they needed any advice or support. The provider told us that they were always available at the service and took an active part in the running of the service. We saw that the management team were available throughout the inspection and staff told us that they were at the service on a daily basis. Staff told us that they were able to approach the management if they needed any advice or resources to carry out their role and issues were always acted on to make improvements. The provider told us they promoted values within the service that ensured that people were at the forefront of the service provided. Staff we spoke with confirmed that they carried out their role in a way that met the values of the service. One member of staff said, "We all know that the people come first and I ensure people have a good quality of care".

People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. The questionnaires had been analysed and any suggestions that had been made were acted on to make the improvements. For example, people had commented on the need for some decoration and we saw that the provider had a plan to make improvements to the environment. We saw that the results of the questionnaires were displayed on the noticeboards within the service, which was available to people and visitors. People and relatives told us that they were involved in meetings and we saw records from these meetings and actions that had been undertaken to make improvements to the service provided.

We found some improvements were needed to ensure that the quality of the service was monitored in some areas, however, we saw that there were some detailed audits carried out and management plans were in place to make improvements. For example; we saw that a falls audit had been carried out which had identified that a person had fallen a number of times within a month. This person had been discussed at the monthly clinical meeting which involved other professionals such as the G.P, physiotherapist and a clinical liaison nurse. The professionals had agreed that this person needed sensory equipment in place in the lounge to alert staff when they were attempting to mobilise. We saw that this was in place on the day of our inspection. We saw that there was a system in place to ensure that people who were identified by staff as having a pressure area were reviewed. The deputy manager undertook a check to ensure the correct pressure relieving equipment was in place and whether any further equipment was needed to manage people's pressure areas. The deputy manager had a schedule in place to ensure that all the audits were carried out regularly.