

Mrs E Laycock

Bradley House Residential Care Home

Inspection report

Bradley House,
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Bristol
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 17 March 2015 and was an unannounced inspection. Our last inspection took place in August 2014 and at this time we found one breach of regulation in relation to meeting people's nutritional needs. We looked at the action taken in response to this breach as part of our inspection and found the actions had been completed.

Bradley House provides accommodation and personal care for 10 older people.

There was a registered manager in place at the home. 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.

People were not protected from risks associated with the environment. There were hazards such as broken panes of glass in the greenhouse, a garden hose lying across a paved area causing a trip hazard and clutter in various areas of the outside space. We observed one person use the outside area, however we told that most people would not use this area until the warmer weather. There was no risk assessment or action plan in place to address these risks.

We also found that risks associated with people's care and support had not all been identified and assessed. We found that the laundry area of the home was used as an area for people to smoke; however this had not been risk assessed.

Inside the home we saw that people weren't fully protected from the risks associated with cleanliness and infection control. Difficult to reach areas on the kitchen flooring, such as along the edges were not effectively cleaned. We also noted a number of fabric chairs and cushions that were stained and had dirty marks on them.

The registered manager had some systems in place to monitor quality and safety in the home; however these were not fully effective in identifying risks. For example, we saw that a maintenance audit had been carried out; however this had not identified any of the concerns that we found at our inspection, or generated an action plan to address them. Records relating to people's care and support were not stored securely.

People were positive about the care they received and we saw staff interacting pleasantly with people. Staff had a good understanding of people's individual needs and preferences. For example, we saw that one person in the home did not use English as their first language; staff used gesture to support their communication. The person's keyworker had learnt to speak some of the person's first language in order support them more effectively.

There was an open and transparent culture within the home. Staff reported that they felt able to raise concerns and issues and that the registered manager was approachable and visible in the home. Staff were positive about the training and support they received in their roles and felt able to seek advice from senior staff at any time.

Supervision sessions were held with staff on a regular basis as a means of reviewing staff performance and development needs. Staff were confident in identifying potential signs of abuse and knew how they should be reported. Staff were familiar with the term whistle blowing and knew which organisations they could approach if they felt that their concerns were not being addressed within the organisation.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of liberty safeguards, which meant that people's rights were protected.

We found four breaches of regulation at this inspection. You can see the action that we have asked the provider to take at the end of the full version of this report.

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?

People in the home were not always safe.

There were a number of hazards in the outdoor environment of the home.

Risks to people's safety had not all been identified and measures were not put in place to address them. The home was not suitably clean in all areas.

There were systems in place to store and administer medicines safely.

Staff were confident about reporting signs of potential abuse and received training in safeguarding adults.

Inadequate



Is the service effective?

The service was effective.

Staff received training to support their roles and were confident about approaching the registered manager for support.

Advice was sought from other health care professionals when required which meant that people received support with their on going health needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of liberty safeguards, which meant that people's rights were protected.

Good



Is the service caring?

The service was caring.

Staff interacted with people in a kind and pleasant way. People were happy with the support, they told us the staff were kind and caring.

People had opportunity to express their views about the service they received through an annual survey completed by an independent body.

Good



Is the service responsive?

The service was responsive.

Staff understood the individual needs and preferences of people in the home.

There was a process in place to manage and respond to people's

Good



Is the service well-led?

The service was not always well led.

The systems in place for monitoring quality and safety were not fully effective in identifying risks.

People's personal care records were not stored securely.

Requires Improvement



Summary of findings

There was an open and transparent atmosphere in the home where staff felt valued and listened to.

Bradley House 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 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 17 March 2015 and was unannounced.

The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed all the information we held about the service including notification and any information of concern. Notifications are information about specific important events the service is legally required to send to us

During our inspection we spoke with three people living at the home, five members of staff and looked at three care files. We looked at other records and documentation relating to the running of the home including audits and Medicine Administration Record sheets.

Is the service safe?

Our findings

We found some risks within the environment of the home that meant people were not fully protected. We were told that the outside area of the home was not in use at the time of our inspection except for one person who walked between the house and an office in the grounds outside. We observed this person outside during our inspection. We observed a number of hazards that presented a safety risk to people. The registered manager agreed that work needed to be done to ensure it was fit for use in the warmer weather.

There was clutter in various areas of the garden and in one area we saw bags of plaster, a lawnmower and an old tape recorder. At the top of the garden, behind a gate there was an old greenhouse with panes of broken glass, leaving sharp edges that could injure. There were trip hazards, such as a hosepipe that was lying across a paved area and an old discarded tap that was on the ground next to it.

This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People in the home weren't fully protected from the risks associated with cleanliness and infection control. In the kitchen area of the home the flooring was discoloured in the corners and around the edges where it met the kitchen cupboards. There were a number of soft furnishings around the home such as cushions and fabric armchairs that were stained and dirty and hadn't been effectively cleaned. Lino in the bathrooms was discoloured in places and lifting up so that it was not possible to clean it effectively. Many of the infection control risks were due to the age of the building and the need for updating, decoration and general maintenance. Work had been done recently in the home to improve the environment, such as new carpet, paint and flooring. However there was no formal maintenance plan in place for the home to show that further areas for improvement had been identified and a plan put in place to address them.

The staff toilet had good hand washing guidance for staff to follow. However the best practice guidance stated to use

paper handtowels. A communal cloth hand towel was being used. Therefore this could pose a risk of the transfer or harbouring of germs as this same towel was used by all staff during our inspection.

This was a breach of regulation 12 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.

There were some risk assessments in place to guide staff in providing safe care for people and to minimise the risks associated with their care. However not all risks had been identified and this meant that people were not always fully protected. We saw a person who lived in the home was smoking in the laundry room. Smoking in this room was a health and safety hazard and an infection control risk. This room was positioned off of the kitchen area and the door was open. The door had a no smoking sign affixed. Therefore potential risks in this area were identified but not adhered to. People's laundry was being undertaken in this area and clean clothes were stored until they were delivered to people's rooms. There was a used ash tray with several used cigarettes and the area had a strong smell of cigarette smoke. People's clean clothes were at risk of being contaminated with cigarette smoke and clothing was in close proximity that could cause a fire risk. This person was left alone at times while undertaking this activity and the registered manager confirmed there was no risk assessment in place to manage any risks.

This was a breach of regulation 10 of the of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to manage medicines safely. These were stored in a secure cupboard. Most medicines were put in to a blister pack by the pharmacy which reduced the risks of errors being made. Any other medicines were stored in individual named boxes for each person in the home. We checked the stock levels of two 'as required' medicines and saw that these were correct.

The staff checked the Medicine Administration Charts each week to identify and investigate any errors or concerns. These checks had identified issues and these had been

Is the service safe?

discussed with the care staff concerned. Staff confirmed that they had received medicines training and felt confident about administering them. We saw in staff records that medicines training had been given.

Staff had received training in safeguarding adults. Staff were confident about identifying and reporting any potential concerns. One member of staff told us about a situation they had been concerned about in the past and had reported. They told us that the issue had been

addressed and managed well by the registered manager. People in the home confirmed they felt safe with staff, comments included: "Super staff! I feel very safe with them. They know what I need and keep me safe".

Staff understood the term 'whistle blowing'. This is the term used to describe the action that staff can take if they are concerned about practices in the work place. Staff named the organisations they could report to and knew where to find policies and procedures to support them in doing so.

Is the service effective?

Our findings

At our last inspection in August 2014, we found not everyone had been fully supported and protected against the risks associated with weight loss. Action had not always been taken to investigate weight loss. We found that improvements had been made and people's nutrition and hydration needs were met. People's weight was monitored regularly so that any loss could be identified and acted upon. People were supported to make choices in relation to what they wanted to eat and drink on a daily basis. People's preferences were taken into account when they first came into the service and staff gave examples of the choices that were available on a daily basis. Meals were home cooked and a balanced in variety. People confirmed the choices and quality of the food that was available to them. One person told us "they always have something I like and it always tastes lovely!". The registered manager confirmed people could have drinks and snacks anytime of the day or night.

Advice and guidance was sought from external health professionals. For example, the registered manager told us how they had identified a person that appeared to have a change in their swallowing ability. They explained how they contacted the GP and this person now had a food thickening agent added to their food to enable them to eat and drink safely.

People's ongoing health needs were managed as people were supported to see a local GP or hospital, should they require it. One person told us "the GP comes here to see me. If I am not well I just have to let the staff know". The registered manager also confirmed that the local GP undertook a monthly visit to the home to follow up any person's ongoing health needs. The registered manager told us they had a good relationship with the health centre and community nurse team that supported a person's end of life needs. During our inspection the health centre had telephoned the home to receive an update on the person's well-being..

Staff were positive about the training and support they received. Comments included "I have done a lot of training

anyway and now I am a permanent member of staff I am being put forward for a lot more". People in the home also felt confident about the skills and training of staff. One person told us "[name] tells me what training they had to do to do this job. I think they are trained to support me. They are really good carers."

Staff told us that they received supervision on a regular basis and this was an opportunity to discuss any concerns or issues they had about their work. Staff files weren't fully completed with records of staff supervision; however staff confirmed they were well supported and felt able to approach senior staff at any time. Not all training records in staff files were complete or up to date; however the registered manager told us they were in the process of completing a training matrix with up to date information which they would share with us once complete. Staff completed training in topics such as safeguarding, medicines, MCA and moving and handling.

People's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's needs. They were in a standard and basic format. However they contained sufficient information for staff guidance. Some documentation was signed by the person to show that they were in agreement with the details of the care plan.

Staff had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. DoLS provides a legal framework to deprive a person of their liberty if it is in their best interests to do so and to ensure their safety. Staff told us they had completed MCA and DoLS training. Staff were able to tell us why this legislation was important. We saw information in one person's file in relation to a DoLS application that was made. Correct procedures had been followed that protected the person's human rights. MCA assessments and best interest documentation was completed and showed that the provider had acted in accordance with legal requirements.

Is the service caring?

Our findings

People told us they were respected by the staff and they felt their privacy was respected. One person said; “yes they knock on my door and ask me what I need”. Other comments included: “super staff and they will do anything for us. Honestly it’s not false at all they are so caring and really want to do their best”. “I help with the gardening in the summer. They are really lovely”. “[name] has a very approachable manner and I see them around most days”. During our inspection we observed staff knocking on people’s doors routinely and care was provided behind closed doors in order to give people privacy and respect their dignity.

People confirmed they could be visited by their friends and relatives at any time of day. There were no visitors during our inspection; however we did see photographs on the notice board that showed social activities that family and friends were involved in. Staff told us they treated people how they would like to be treated themselves. For example one member of staff told us “staff will come in on their day off and in their own time to bring in treats. It’s like one big family”. The registered manager told us “the residents are my number one priority and always will be. When [name] has been poorly we kept them going”.

Staff promoted people’s independence. One person told us “they do help me but I can do a lot for myself which is good”. A member of staff we spoke with confirmed how

they try to enable people to retain their skills by allowing them time and the choice to do things. For example if they can dress themselves we were told this was promoted and people were encouraged to do so.

People’s opinions were sought in order to get feedback about the service. This was in the form of a yearly satisfaction survey that was undertaken by an independent person from the local church. The last one was undertaken in April 2014. Surveys were sent to people that used the service and their relatives. Comments were positive and included; “staff are genuinely caring and supportive” and “I have been impressed by the homely environment and person centred care provided”. People we spoke with told us that resident’s meetings did not take place in the home. However they felt able to raise their views on a daily basis as well as the questionnaire’s yearly.

People and their relatives were involved in decisions about their care and support. This was demonstrated in people’s care files. Some documents were signed by the person to demonstrate their agreement to the care and support being delivered.

We made observations of staff interacting with people in a kind and caring manner. For example we saw the activities coordinator discussing with people, what they would like to do and how they could be supported. We also observed that people in the lounge had drinks available and staff frequently checked on them to see if there was anything they needed and if they were comfortable.

Is the service responsive?

Our findings

People told us they were happy with the standard of care that they received, However one person told us they sometimes found it lonely and wished they had more to do in terms of activities. However other people told us “It’s a good place and I have everything to meet my needs” and “the staff know me well and I like that”.

We discussed social and occupational activities with the registered manager and a member of staff. They told us there was not a formal programme of activities because the people living in the home preferred to engage on a one to one basis. The home had an activities person who told us they spent a couple of hours a day with people undertaking various activities. These included: going shopping, sitting and talking with people and arts and crafts. We were also told how the service and local community school were embarking on a garden project that would involve people living in the home. The service had also built a relationship with the local church community that provided a monthly service in the home and spiritual support to people as required.

The care plans we viewed contained information about people’s likes and dislikes as well as their needs. For example one person’s documentation stated ‘[name] like to have porridge and a cup of tea in their room for breakfast’. This showed that the person had been able to express details of their daily routine that were important to them.

Information contained in people’s files included; an application form to come into the service that was signed by the person, a needs assessment that highlighted the support they required, GP information and visits that had been undertaken. Documentation also included correspondence in relation to people’s ongoing health needs that informed staff of their current health status. The

care plans were reviewed six monthly or before if a person’s need had changed. The sample we viewed were up to date that ensured the staff had the most current information in relation to the person’s care and support needs.

Staff demonstrated they understood the individual needs of people in the home. For example one person in the home did not speak English as a first language and so staff used gestures to support their communication with this person. This helped the person to understand what the staff member was explaining to them. The registered manager told us that this person’s keyworker had also learnt to speak in the person’s first language in order to be able to support them more effectively.

We observed that one person became anxious during our inspection, staff were able to explain why this was the case and explained what they would do to support the person and reduce their anxiety. This showed that staff understood the needs and behaviour of this person.

Staff responded to people’s changing needs. People who required manual handling aids to support their movement received an assessment and equipment was provided. The registered manager told us one person required a new moving aid. A sling was obtained by an occupational therapist after assessment.

People told us the staff were very approachable and knew who to contact if they had a complaint. People who were able said they would speak to the manager if they had complaints, but they have never had need to. The provider had systems in place to receive and monitor any complaints that were made and a copy of the procedure was available on the notice board. The procedure gave clear guidance for people to follow. No formal complaints had been made since our last inspection. The registered manager confirmed this and told us “we deal day to day with any small issues and resolve them. If it was a significant issue it would be recorded and dealt with in the formal complaints way”.

Is the service well-led?

Our findings

The provider did not have a suitable system in place to monitor and audit the quality of the service. A programme of audits was in place; however this was not fully effective in identifying risk. Audits that were undertaken every six months included: cleaning, nutrition, health and safety and the environment. The documentation was a series of tick box checks and the comments boxes were not completed and no action plans were identified to make the necessary improvements. A maintenance audit had been completed, which looked at various areas of the home including the outside areas. However no maintenance plan had been generated from this to show that risks to the environment and general maintenance needs had been identified and addressed.

Systems were in place to ensure that incidents and accidents were recorded. However we found these were not robust. For example we viewed the incident log that held handwritten notes of any incidents/accidents that had taken place. No follow up actions were recorded by the registered manager to demonstrate they had reviewed or audited the incidents to take action to prevent reoccurrence.

This was a breach of regulation 10 of the of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people's confidential care records were stored on an open shelf in the kitchen which meant they were easily accessible to people not authorised to view them.

This was a breach of regulation 20 of the of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they promoted an open and honest culture throughout the home. They told us "I make a point of speaking with every single person every day" and "The people here are my priority". Staff confirmed the positive atmosphere in the home and felt confident about raising concerns. Staff meetings were held regularly as a means for staff to share their views and any concerns or issues that they had.

People told us the registered manager was present in the home every day. Staff told us the service was well-led and the registered manager was approachable and they felt listened to. Staff said they felt valued and supported by the registered manager and the staff team overall. Comments included; "We are a friendly team and all support each other". "We support each other but we can always go to the management anytime for support" and "we are like one big family".

The registered manager had also developed strong community links with local schools that resulted in work placements for young people in the home and gardening projects with people. The registered manager told us "we have helped many young people increase their confidence and self-esteem and people who live in the home love seeing them".

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>There were hazards identified in the environment of the home that posed a risk to people's safety.</p> <p>This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Not all areas of the home were effectively cleaned. Infection control guidance was not always followed.</p> <p>This was a breach of regulation 12 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.</p> |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The systems in place for monitoring quality and safety were not fully effective in identifying and acting on risks.</p> <p>This was a breach of regulation 10 of the of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Records relating to people's care were not stored securely.

Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.