

Sanctuary Care Limited

Bradwell Court Residential Care Home

Inspection report

Bradwell Grove
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Cheshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Bradwell Court Residential Care Home is registered to provide accommodation for people who require help with their daily lives such as assistance with personal care and who may be living with dementia. The three-storey building is set within its own grounds on a residential estate in Congleton. It is about one mile from the town centre. Staff are on duty twenty-four hours a day to provide care and support for the people who use the service. At the time of the inspection 26 people lived in the service.

People's experience of using this service: Everyone we spoke with told us Bradwell Court was a comfortable home to reside in and visit, that staff were kind and caring and that people were treated with respect. Staff showed genuine care and passion to deliver care in a person-centred way, based on what people's likes and dislikes were. People were observed to have good relationships with the staff team.

The registered manager and senior team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that they listened to them when they had any concerns or ideas.

Staff had received appropriate training and support to enable them to carry their role out effectively and safely, including the management of medicines. There were enough staff to meet people's needs and people's rights, privacy and dignity were maintained at all times.

Staff were recruited using safe recruitment procedures and processes. Staff told us that they were supported by the management and found them to be approachable, and the training they received enabled them to be effective in their roles. Staff received supervisions to ensure a good quality of care was delivered and they received support from the management.

Detailed care plans described the support people needed. These included information from external healthcare professionals. People's health was well managed and the positive links with professionals promoted wellbeing for them.

Checks and audits were completed by the registered manager and provider to check the quality and safety of the service. We found that some of these checks were missing dates and signatures in some places. These were addressed and rectified by the registered manager.

The service had a robust complaints policy and procedure in place which detailed clearly a log of all complaints received to date. On the day of the inspection we found that one of the complaints was not logged appropriately but this was rectified by the registered manager on the same day. The service had not received many complaints and took pride in learning from feedback including suggestions received from people, staff and relatives.

The service employed an activities co-ordinator who displayed a caring manner towards the people who

used the service. The activities co-ordinator explained to us how they researched new activities to ensure innovative and original ideas were used.

The service showed a strong commitment to supporting people with their dementia needs. We observed a staff meeting where discussions took place on how the service could be enhanced further to help meet the wide range of needs of people with dementia. We noted that staff were innovative in trying different methods in engaging people and helping them to get around the service. Staff offered appropriate support which incorporated reflection and consideration of real life practical examples. During our tour of the service we observed sensory walls and aids displayed in the corridors with appropriate signage throughout the service.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 24 February 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained 'Good' overall.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains good.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains good.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains good.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains good.
Details are in our Well Led findings below.

Good ●

Bradwell Court Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Bradwell Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and seven relatives to ask about their

experience of the care provided. In addition, we spoke with a visiting practice nurse during the inspection.

We spoke with ten members of staff including the registered manager, regional manager, chef, and care workers. We observed a staff meeting on day one of the inspection. We spoke to a practice nurse who was visiting the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We also looked at four staff files in relation to supervision records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff we spoke to had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

- People and relatives told us that they felt safe being protected by members of staff. One person said, "Two people do it properly and they don't rush [moving and handling]". A relative told us, "I can go home, and I know my mum is safe and looked after and this makes me feel reassured".

Using medicines safely

- Medicines were safely received, stored, administered and disposed of for example where people refused to take them, or they were no longer required. People were encouraged to manage their own medicines where they had the ability to do so.

- Audits and checks were carried out by the registered manager. Where errors were found during audit checks we saw that they were investigated.

- The service tailored giving medicines to people when they wanted them and when they got up, so they were being person-centred by ensuring people received medicines at the time that was most appropriate and convenient for them. Staff were knowledgeable and aware of each person's needs and medications administered. Staff ensured the medication trolley was locked securely when they went to administer someone's medication.

- Staff had completed a medical assessment form and a quiz. We noted that these had not been checked and signed. This was raised and discussed with the regional and registered manager who advised that the competencies were done annually and although not dated they discussed the results in a team meeting with staff.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.

- Care plans guided staff on how to respond to risks associated to people's medical needs.

- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels

- People and their relatives told us they received care in a timely way. The registered manager monitored this area to ensure good performance. One person told us, "I think there are enough staff". The

registered manager confirmed that the service tried not to use agency staff and instead covered absence by changing staff rota's and requesting staff to cover where appropriate.

- Staff told us they were happy in their jobs. Staff were observed to be passionate about what they did and were happy to go the extra mile . One staff member told us, "The registered manager always makes sure the residents come before anyone. The staff go above and beyond, and the staff have the same views and values, for example one carer only works in the morning but stayed to help out one day".
- The provider used a formal tool to assess how many staff were required based on people's needs.
- We saw the provider had robust procedures in place to ensure current and future recruitment was safe.

Preventing and controlling infection

- Fixtures and fittings in the home had been well maintained which posed no infection control risk. We observed that in the communal bathrooms the bath towels were folded and stored on an open shelf, which meant it was not as effective in minimising the spread of infection. Towels were removed and stored appropriately during the inspection.
- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.
- At our last inspection we found the service were not consistently ensuring people's best interests were applied when they didn't have the capacity to consent. During this inspection we found that Bradwell Court was working within the principles of the MCA. Conditions on authorisations to deprive a person of their liberty were being met. Where people were assessed as not having capacity to make specific decisions, they were made in their 'best interests' and were as least restrictive as possible. There was evidence that relevant family members and health and social care professionals had input into 'best interests' decisions.
- People were asked for their consent before staff provided care. Staff asked people whether they wanted any support and respected their decisions. Care records highlighted to staff the importance of gaining people's consent before delivering care.

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

- Assessments of people's reablement needs were thorough and expected outcomes were identified. Care and support was reviewed regularly to understand progress and make plans to support people as appropriate.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, we observed during the staff meeting, two members of staff had carried out an audit on administering creams and were training and advising the rest of the team in how to complete paperwork and improve recording key information.
- People had access to aids and adaptations to support them to regain independence in their own home.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. One person told us, "Oh yes staff know what they are doing".
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. The registered manager had good systems to understand which staff needed

their training to be refreshed and who required supervision. Staff told us they felt supported. A member of staff told us, "The training programme is really good they invest a lot more than other companies" and "The registered manager always makes sure the residents come before anyone, the staff go above and beyond, and the staff have the same views and values".

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented, and people told us they enjoyed the food.
- We observed the meals to be nutritious, prepared fresh and cooked on site.
- Where people required their food to be prepared differently because of medical or personal preference or difficulty with swallowing they were catered for. We observed people receiving flexible arrangements according to when they preferred lunch and where to have it.
- Staff participated and sat with people during lunch. The chef interacted with the people well asking people about their experience.
- A traditional Sunday roast was provided on Sunday and we noted that the service recently had an international themed cruise meal plan.

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

- We saw that research had been done by staff to enable them to provide alternatives to meet the needs of people living with dementia. We observed during the staff meeting and while speaking to staff that they researched up-to date practice guidelines and then tried new techniques with people to see if they reacted positively. People had reacted positively to adapting zimmer frames with different colours and crafts. The inspection team saw the positive impact that the adapted zimmer frames had on the person using them. Other adaptations included adaptations to light switches and using fairy lights on the wall.
- We saw that staff, people who use the service, their representatives and visiting professionals were invited to complete feedback surveys to express their views. We looked at the surveys and saw positive feedback.
- There was an initiative introduced by the registered manager where staff were asked about changes they would like to see, and how they could submit ideas of improvement.
- Steps had been taken to make the home dementia friendly. Communal areas such as toilet and shower doors included pictures and signs. All rooms had signs on the doors with frames of pictures of the person, however during the inspection we noted a couple of rooms without a name or photo. This was raised with the registered manager during the inspection.
- Corridors were well lit and painted, handrails were painted contrasting colours in the communal areas to make them easier to see. Some corridors had been recently decorated but the registered manager was hoping to have more done throughout the home.
- People had access to enclosed communal gardens. The service had recently won the 'Congleton in Bloom' award for their contribution and part in the garden project. People had been involved in gardening and attended the awards night at the town hall with a staff member to collect their award.
- We found the environment to be pleasant, clean and tidy with no malodours. We noted various hand gels attached to walls.
- The rooms were equipped with a phone and internet connection. We found the rooms to be well maintained, clean and tidy. All rooms also had their own letterbox and spy hole and were supplied with a TV and plenty of chairs.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with healthcare professionals such as GPs, dieticians and district nurses. Their advice was included in care records. Healthcare professionals we spoke with told us staff delivered a good level of care.

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people were treated with kindness. People were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One relative told us, "I have never felt any indifference or seen any towards my Dad, he is well cared for because I think there is a good level of staffing and competence".
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- The visiting district nurse told us, "Each time I visit the staff are very good, well-mannered and polite. Residents always looked clean and tidy".

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed, staff sought external professional help to support decision making for people. One relative told us, "They are caring and attentive and treat people as individuals".
- Staff had the knowledge to be able to refer people and their relatives to sources of advice and support.
- Information was available about sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's equality, diversity and human rights were respected. People were supported to follow their faith. A priest visited the home every Friday to deliver services.
- People's right to privacy and confidentiality was respected.
- People's dignity was upheld. People told us staff always knocked on their door before they entered.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they felt welcomed and comfortable in the home. Wi-Fi was available throughout the home and people used their own, or the home's, electronic tablets to keep in touch with friends and relatives. The home provided facetime facilities which people were able to use, the registered manager advised us of one person who spoke to their relative living abroad frequently using the facetime facility.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

How people's needs are met

- Care records were specific and provided staff with clear information about how best to support the person with consistent care.
- Health professionals told us the service met people's needs well.

Personalised care

- Care was planned around people's individual needs. Care plans took account of people's likes, dislikes and preferences. People and their relatives were included in the care planning process.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One relative told us, "I think they are caring, they are certainly on the ball".
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including any needs related to protected equality characteristics under the Equality Act. People's choices and preferences were regularly reviewed. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- The registered manager had successfully implemented champion roles within the team. Each champion worked to find out about their topic. For example, dementia, infection control and health and safety.
- The activity coordinator was responsible for activities provision and they discussed with people what they liked and about their backgrounds and then arranged for daily activities. A weekly planner was displayed in the main corridor with pictures to let people and relatives know what activities had been planned for the week. On the day of the inspection a Christmas pantomime took place that was well attended by people using the service and their relatives. We observed the residents to be engaged and happy while the pantomime was on and that this had created a happy and pleasant atmosphere. One person told us, "I have always enjoyed singing along to music like this, it makes me very happy".
- Events were held regularly inside the home, including dance classes, annual fayre, and events relating to special days e.g. St Patricks Day, St George's Day etc.
- On the ground floor people interacted with their environment independently. People had access to tactile items of interest, including sensory equipment in the corridors which help some people with dementia to express their emotions and provide comfort.
- In addition, the activity coordinator had sourced community resources which people could access for

support and social interaction. For example, a local brownie club visited the service for carol singing, the service also worked closely with a local church where people visited the church to help with gardening and enjoy afternoon tea and a future activity had been planned for the local nursery to attend and visit the service. People told us they benefited from the community resources to prevent social isolation and improved feelings of wellbeing.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. Complaints had been responded to in line with the provider's policy and used to drive improvement.

End of life care and support

- The home did not have anyone on end of life care at the time of the inspection. The registered manager was knowledgeable about end of life care and support and the appropriate policies were in place.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- People, relatives and staff were positive about the culture of the home. We consistently received positive feedback from them about the care provided and how the service was run. One person said, "very good and very approachable".
- Regulatory requirements had been met. The provider had made prompt notifications about events they were legally required to inform us of.
- A culture of continuous learning meant staff objectives focused on this and improvement. Staff were accountable for their performance.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and regional manager including the staff had a visible presence in the home. They knew people, their needs and their relatives well.
- The registered manager and staff understood their roles. There was a clear structure in place. Staff told us they were always able to escalate any concerns or queries and found the registered manager to be approachable.
- Throughout the inspection the registered manager was open and transparent towards the evidence we presented and was proactive in their response to our findings.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Auditing and governance processes were robust to check the quality and safety of the service provided. The registered manager and the provider had responsibilities to monitor performance indicators and outcomes for people. Auditing systems included highlighting where improvement actions were required and ongoing monitoring until they were signed off as complete.
- The provider monitored trends through regular reports about key areas such as weight loss, pressure area care, complaints and safeguarding information.
- Issues were usually identified and rectified quickly. The registered manager had an open-door policy and regularly completed a daily walk around of the home. Identified issues were prioritised so serious concerns could be immediately responded to.

Engaging and involving people using the service, the public and staff

- Feedback about the service was encouraged. People and relatives could feedback their views at any time using review cards available to them near the entrance. Questionnaires were sent regularly to people who

used the service, relatives and staff to gain their views on the service. Results had been analysed and where possible changes implemented.

- Staff told us they felt listened to. They attended regular staff meetings and told us they could speak to the registered manager whenever they needed to.
- Staff commitment was recognised through staff awards. Staff were put forward for awards by people, relatives and other staff and in 2018 both the home manager and a member of the care team had won the national award from the provider for best home in the North West.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. The people using the service had worked on a garden project and developed the service garden alongside people from the community. The project had been a success and they recently won an award.