

Black Country Housing Group Limited

New Bradley Hall

Inspection report

Stream Road
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West Midlands
DY6 9NP

Tel: 01384278689

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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

New Bradley Hall is registered to provide accommodation for 31 people who require nursing or personal care. People who live there have health issues related to old age and/or dementia. At the time of our inspection 29 people were using the service.

Our inspection was unannounced and took place on the 13 February 2017. At our last inspection in September 2016 the provider was meeting all the regulations but we identified that some areas in the key questions of safe and well-led required improvement. We found on this our most recent inspection, the provider had made the necessary improvements.

The manager in post at the time of our inspection was in the process of registering with us. 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.

People using the service were supported safely and protected by staff. Staff understood the different forms of abuse people may be exposed to, how to protect them and report any concerns. Risks to people's health and well-being were understood and effectively managed by staff. Information about action taken or changes to practice following an incident was shared with staff in daily handovers or meetings. Staffing levels were regularly assessed and monitored to make sure they were flexible and sufficient to meet people's individual needs and to keep them safe. Recruitment practices in place ensured that staff recruited had the right skills, experience and qualities to support the people who used the service. Robust checks in relation to how medicines were managed at the service were carried out by senior staff, management and external auditors.

Staff were well supported with training that developed their abilities and skills. The provider's induction provided staff with the training and information required in order for them to commence work with people with the knowledge required. Staff were more than happy with the level of supervision and support available to them, both formally and as and when they needed it. People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People had access to support from a range of health care professionals in order to maintain their health and wellbeing. People were assisted to take sufficient food and drinks with encouragement from staff where required.

People were given the necessary verbal or written information they needed. People were relaxed and were supported to make choices about the care they received in all aspects of daily living. People received the reassurance and encouragement they needed from staff that were kind and sensitive to their needs. Relatives and visitors were made very welcome and were able to visit people freely and without restriction. Information was made available to people about how to access support from local advocacy services,

should they need independent advice or support. People received care that respected their need for privacy and maintained their dignity. Staff supported people to do as much as they could for themselves to maintain their independence.

An assessment was undertaken prior to people moving in to the home to ensure that their needs could be met effectively by the service. People were supported to follow their interests, access the local community and take part in social activities. People were supported appropriately to address their religious needs. People were actively encouraged to maintain and have regular contact with their family and friends. People were listened to and felt comfortable raising any concerns or complaints they had. The provider used complaints as an opportunity for learning.

People were positive about their experiences of living at New Bradley Hall. The provider sent out their annual survey and we saw that the comments were overwhelmingly positive. People spoke positively about the visibility and approachability of the manager. The manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service. The provider involved the local community in its future plans for the service. The provider had acted appropriately to address areas identified to them as requiring improvement in relation to their quality assurance processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's health and well-being were understood and effectively managed by staff.

Staffing levels were regularly assessed and monitored to make sure they were flexible and sufficient to meet people's individual needs and to keep them safe.

Robust checks in relation to how medicines were managed at the service were carried out by senior staff, management and external auditors.

Is the service effective?

Good ●

The service was effective.

Staff were well supported with training that developed their abilities and skills.

People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had access to support from a range of health care professionals in order to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received the reassurance and encouragement they needed from staff that were kind and sensitive to their needs.

People received care that respected their need for privacy and maintained their dignity.

Staff supported people to do as much as they could for themselves to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported to follow their interests, access the local community and take part in social activities.

People were listened to and felt comfortable raising any concerns or complaints they had.

Is the service well-led?

Good ●

The service was well-led.

People were positive about their experiences of living at New Bradley Hall.

The manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies.

The provider had acted appropriately to address areas identified to them as requiring improvement.

New Bradley Hall

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 13 February 2017 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with eleven people who used the service, four relatives, one visiting healthcare professional, the cook and a kitchen assistant, four staff members and the manager. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records. We reviewed three staff recruitment records, eight medication records and a variety of quality assurance documents.

Is the service safe?

Our findings

People were happy with how staff supported them with their medicines. One person told us, "Yes I get them [medicines] how I want them, when I need them". At our previous inspection in September 2016 we found discrepancies in the levels of medicines in stock and were unable to evidence that these medicines had been administered as outlined in the medicines administration records [MAR]. Medicines were not always effectively checked in which prevented accurate checks against the MAR being possible. We found that guidance for staff was not available for staff in relation to 'as required' medicines and although medicines were regularly audited, the audits we reviewed had not been fully completed. On this our most recent inspection, all of these areas requiring improvement had been addressed.

We reviewed eight MAR and observed staff effectively administering medication and supporting people to take them. Written guidance was available for staff to refer to in relation to 'as required' medicines. However guidance for those people who could not consistently make their needs known needed to be more personalised to their individual needs. The MAR we reviewed were fully completed with no gaps or omissions evident. We saw that staff responsible for administering medicines completed the appropriate training and had their competency regularly checked. Medicines were being stored securely at the correct temperatures and disposed of appropriately. Robust checks of medicines management were being carried out by senior staff, management and external auditors. Staff told us they felt well supported and trained in relation to safe medicines administration.

People using the service were supported safely and protected by staff. They told us, "I am never worried about anything", "I feel safe here, there's nothing to harm me" and "I have no concerns about my safety". A relative said, "I have never seen staff be rough, they [people] are all very well looked after".

Staff described the measures they took to ensure people were kept safe; for example through the use of moving and handling equipment that was assessed as appropriate to people's needs. The provider told us in their Provider Information Return [PIR] they had robust safeguarding policies and that all staff were trained in this area and adhered to these guidelines when working within the home. Staff we spoke with had received training and understood the different forms of abuse people may be exposed to, how to protect them and report any concerns. The provider reported any concerns about alleged abuse or harm that had occurred to people using the service to the appropriate authorities in a timely manner.

Risks to people's health and well-being were understood and effectively managed by staff. One person said, "There was a problem with my chair, staff dealt with it really well and I am awaiting a new safer chair they have ordered for me". Staff we spoke to were aware of the individual risks for people and told us how they supported them with these in mind. We observed staff closely supervising people who may be at risk of falls when mobilising. Records showed that risks to people's health had been assessed and were reviewed and updated regularly.

Staff were able to describe how they would deal with, report and document any incidents or accidents that occurred. Documentation in relation to incidents and accidents that occurred outlined the immediate

actions taken by staff to minimise further risks to people and were analysed each month for any developing trends. Staff told us that any action taken or changes to practice following an incident was shared with them in daily handovers or meetings.

People had no concerns about the amount of staff on duty during the day or at night. They said, "I use the buzzer and staff respond, I may need to wait a few minutes if they are helping another person", "If I use the buzzer or ask for help, staff come", "Whatever you say you want they do it right away and happily", "The staff come if I need them" and "The staff are very good, they come if you ask". We observed that staff were visible throughout the day, being nearby or close to hand to support people and were not rushed when they were attending to people's needs. The manager regularly reviewed the dependency levels of people using the service to ensure staffing levels were sufficient to meet peoples changing needs. This meant staffing levels were regularly assessed and monitored to make sure they were flexible and sufficient to meet people's individual needs and to keep them safe.

The provider operated effective recruitment practices. The systems in place ensured that staff recruited had the right skills, experience and qualities to support the people who used the service. Criminal records checks, employment and character references and a full employment history were all sought before staff commenced in employment.

Is the service effective?

Our findings

People were positive about the skills of the staff supporting them. Their comments included, "I think the staff have been trained, as they do everything properly" and, "The care here is brilliant, they [staff] do everything well, there is nothing I'd like different". A relative told us they thought staff were well trained, saying their relative was 'very well looked after'. A visiting healthcare professional told us there was a 'good rapport' between people and the staff and that when they had provided them with a treatment plan they found that staff followed it well. Staff told us that they were well supported with training to develop their abilities and skills. They were complimentary about the training they had received and told us they felt it had equipped them to perform their role effectively. A staff member said, "We get regular training. I have a few training updates that I need to do, I am already booked on them in the next few weeks".

The provider's induction provided staff with the training and information required in order for them to commence working with people with the level of knowledge required, in line with the Care Certificate. The induction included reviewing the provider's policies and procedures, completing the basic level of essential training and spending shifts shadowing more senior members of staff. Staff told us all new members of staff were closely supported within their induction period to check on their progress.

Staff received regular supervision. The manager told us that some supervision was overdue, as they had a shortage of senior care staff to conduct more formal supervisions with staff. Staff we spoke with were more than happy with the level of supervision and support available to them, both formally and as and when they needed it. A staff member stated, "I have fairly regular supervision, one session had to be rearranged recently but I can always get hold of [manager's name], if I am unsure about anything or need support". Staff told us that supervision gave them the opportunity to get support and gain feedback about their performance and/or identify any training they needed to undertake.

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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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. We found that staff had received training in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People told us, "Nothing happens that I don't want, I would tell them", "Staff ask how I like and want things done, they don't tell me to do anything", "They [staff] always ask before doing anything" and "I always say yes but could say no". We observed that people's consent to care and support was sought by staff before assisting people. Staff were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. A number of applications for people using the service had been submitted to the supervisory body, in this case the local authority. At the

time of our inspection no DoLS has been authorised.

Peoples comments about the food and drinks on offer included, "I can have drinks when I want them", "You are offered drinks and they get you one", "I'm picky, but the meals are good", "Food beautiful, we are asked at tea time what you want the next day. There are always a couple of choices but you can always have what you want and plenty of it too", "Good choice of meals and good portions, we are always offered alternatives" and "The cook is lovely, she's well trained and very good, asks us what we think about the meals". A relative said, "They feed [relatives name] well, the food is all good quality". We observed people being offered a choice of drinks and being given them in vessels or with straws to enable them to drink independently.

People were assisted to take sufficient food and drinks with encouragement from staff and assistance where required. We saw at lunch time that staff were attentive and freely offered people assistance. Staff presented people with verbal information and visual prompts, for example, showing plated up food and drinks containers to support people to make decisions about what to eat and drink. We spoke with the cook who was clear about people's dietary requirements and they demonstrated to us how people's needs were recorded by staff for them to refer to. Staff were able to identify to us those people who needed support to eat and drink adequately. Risks in relation to malnutrition were reviewed by staff and people were weighed regularly.

The provider told us in their Provider Information Return [PIR] that the GP conducted a surgery at the home weekly and that people had access to chiropodists, opticians, dietician's, occupational therapists, dentists and district nursing teams. This was confirmed during our inspection, we found people had access to support from a range of health care professionals in order to maintain their health and wellbeing. Everyone we spoke with confirmed they had access to a doctor when required. People told us they had recently had eye tests and they confirmed they also had regular visits from a chiropodist. A relative we spoke with was waiting to see the GP that day due to a recent deterioration in their family member's health, in order to discuss their end of life care. Records outlined how staff should manage people's health conditions and demonstrated that people were well supported to access a range of health care professionals. Staff we spoke with understood peoples' individual health needs. This meant that the service effectively supported people to maintain good health.

Is the service caring?

Our findings

People told us and we observed that staff were caring in their approach towards them. Their comments included, "The care is marvellous here, they [staff] couldn't get better", "I am looked after lovely, no one could do better, they are very good and always happy", "The care here is more than good" and "The care is excellent, no doubt about it". Relatives said of the caring nature of staff, "Care is very good, staff are very kind to [relative's name], they treat them well" and "The care is brilliant, we can't fault it".

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. We saw that people were relaxed and were supported to make choices about the care they received in all aspects of daily living; for example when they wanted to get up or what they wanted to eat and drink. Peoples comments included, "Staff get me up when I want and I tell them when I am ready for bed and they know I like to watch TV in bed", "I choose to have my meals in the lounge, not at the dining table", "You can tell them [staff] what you want. I don't like a shower, so I'm having a bath instead" and "They [staff] always ask how I like things and I also have a care plan and a key worker". Staff demonstrated that they knew how best to interact effectively and communicate with people, through their familiarity with their individual preferences and needs.

We observed interactions between people and saw they received the reassurance and encouragement they needed from staff that were kind and sensitive to their needs. For example, staff supporting people to mobilise, gave people the reassurance and encouragement they needed throughout the process. People's facial expressions and responses demonstrated that they were at ease with staff and they chatted and laughed with them freely. This meant that staff knew people well and this supported them to readily offer people appropriate reassurance when they became distressed or anxious.

Relatives spoken with said they were made very welcome and were able to visit their family member freely and without restriction. Their comments included, "I am always made welcome", "I feel part of the place as I visit most days, it's like a family here, all the staff are welcoming" and "The staff are brilliant, I am always made to feel welcome". We observed staff welcoming visitors by name and giving them information and updates about their family members well-being, for example following a GP visit.

Information was made available to people about how to access support from local advocacy services, should they need independent advice or support. The manager had recently referred one person to the advocacy service and staff spoken with also knew how they would access advocacy support for people.

People received care that respected their need for privacy and maintained their dignity. People living at the home and their relatives told us staff always knocked before entering their rooms, treated them with respect and that the care delivered was never rushed. A person said, "They [staff] always knock my door before entering". We saw that people were supported to maintain their own style with regard to dress, including any accessories that they liked and their individual preference of hair style. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way, for example staff supported one person by hoisting them into a chair; throughout the process we heard them

explain what was happening and adjusted their clothing to protect their dignity.

People were encouraged and supported to retain as much of their independence as possible. They told us, "I use my frame and they encourage me to do what I can", "I go out in a morning into the garden and to the village in the afternoon, but I always tell them when I go" and "I go out in my electric chair when the weather is nice up to the village". A relative said, "The staff encourage [relative's name] to walk to the toilet". Staff demonstrated that wherever safe and possible they supported people to do as much as they could for themselves.

Is the service responsive?

Our findings

The provider told us in their Provider Information Return [PIR] that people were fully consulted and participated in the forming of their individual care plan. People using the service and their relatives confirmed to us that they were involved in the assessment of their needs and planning of care and support. Relatives said, "I was asked about what [relative's name] likes" and "I was involved and asked my opinion about mum's care plan". We observed that people's care was delivered according to their individual needs and wishes and in line with their care plans. Records we reviewed demonstrated that people had contributed to the assessment and planning of their care. An assessment was undertaken prior to people moving in to the home to ensure that their needs could be met effectively by the service.

People were supported to follow their interests, access the local community and take part in social activities. They told us, "I do crosswords, if I want the TV on I ask and they put it on", "I hate activities but enjoy watching others enjoying them", "I read the paper and do word searches", "I join in the activities I like, I will do anything to keep my brain active", "I have been on trips out to the market and garden centres, that's about right for me" and "I have been on trips and enjoyed that and I take part in activities". Relatives told us their loved ones care was personalised to their particular needs and wants. They told us, "There is very good entertainment, the zoo man and singers, [relative's name] really loves to sing", "Exercise classes are offered. [Relative's name] loves music and having a dance which staff actively encourage. They also go out shopping and to the local pub sometimes".

People's rooms were individualised with their personal belongings and style being clearly respected. We observed people were meaningfully occupied and enjoying activities of their choice, for example we saw people having a game of dominoes and several people having daily newspapers to read or completing the crossword. Information was displayed about upcoming pet therapy visits, craft sessions and fitness classes. Staff told us that people often go into the village and/or out for pub lunches. Records we reviewed were detailed and included information about people's life history, individual interests and pastimes. Staff spoken with told us they had read these and were able to tell us about people's history and likes when prompted. We found that people were supported appropriately to address their cultural and religious needs which were considered as part of their initial assessment. The vicar from the local church visited the home and some people also went out on a Sunday to church if this was their preference. Staff clearly knew people well and were able to provide a variety of activities that were of interest to them.

People were supported to maintain and have regular contact with their family and friends, either at the home or in the community where possible. Visiting was open and flexible, with relatives and visitors freely offered food and drinks. Relatives spoken with told us they were kept up to date about their family members' well-being, either when they visited or by phone. They said, "They [staff] always phone me or catch me when I come in and let me know if something has happened or changed" and "If there's any problem I am told straight away".

People told us they felt listened to and would feel comfortable raising any concerns or complaints they had. They told us, "If I had any worries I would speak to the manager", "I can speak to the manager if I have any

worries, she's great" and "If I saw something that was wrong I would ask to see the manager". The provider displayed their complaints procedure in communal areas for people could refer to as required. Staff we spoke with knew how to direct or support people to make a complaint. We reviewed the complaints received by the provider since our last inspection and found that the provider acknowledged, investigated and responded to the complaints in line with their own policy. We saw that learning from one complaint received had resulted in secure storage facilities being made available for people in their rooms should they wish to self-administer their medication. This meant that the provider had used complaints as an opportunity for learning and to improve the service offered.

Is the service well-led?

Our findings

At our last inspection in September 2016 we found that some aspects of the provider's quality assurance processes were not robust. The systems in place had not consistently identified the issues we found with medicines management and incident recording. We also noted that some incidents that had occurred at the service, where a person had sustained a serious injury had not been reported to us. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We also found that records of audits and checks being completed that we reviewed varied in the quality of their analysis and evidence of actions taken. On this our most recent inspection we found that the necessary improvements had been made.

We found that regular checks and audits to monitor the safety and effectiveness of all aspects of the service were undertaken both by senior staff, the manager and the provider. Systems in place were effective in checking the safety, effectiveness and quality of the service provided. Records we reviewed confirmed effective action was taken as required when issues were identified. Information about learning and/or changes to practice following incidents were cascaded to staff in a timely manner and reporting of incidents of serious injury to external bodies were appropriately actioned. The provider visited the service regularly and undertook additional monitoring checks. Daily checks of the environment were conducted by senior staff with people's ongoing safety in mind, including observations in relation to how staff supported people. This meant the provider had acted appropriately to address areas identified to them as requiring improvement in relation to their quality assurance processes.

People gave us positive feedback about their experiences of living at New Bradley Hall. Their comments included, "It's a beautiful home, I can't fault any of it" and "Really and truly I don't think there is a better place than this". Relatives said, "The atmosphere is great, the care is great, I want to book my bed here" and "It's a lovely atmosphere, everyone is so friendly". Staff were observed to be happy and content in their work and demonstrated to us a clear passion for the people at the home. A staff member said, "I love it here, it's a great place to work". Another staff member told us, "There's not one member of staff here who doesn't put the people's needs here first, I would let my mom live here, it's that good".

People were actively encouraged to provide their thoughts and opinions about the service. The provider had recently sent out their annual survey and we saw that although only a small number had so far been returned, the comments were overwhelmingly positive. Testimonies given by people and their relatives included, "My relatives are all treated with kindness and respect and are well looked after when they visit", "The accommodation is good and the care is excellent" and "I couldn't be looked after any better". The manager told us they planned to analyse and share the findings with people and relatives. Monthly meeting also took place for people and their relatives to participate in and we saw these were an opportunity for any concerns, issues or suggestions to be openly raised. This meant that the provider was keen to actively involve people to express their views about the service provided.

People were asked their opinion about the management of the service and they all spoke positively about the visibility and approachability of the manager. Their comments included, "The manager is out of this

world, fantastic, everything you could wish for, she's attentive and always listens" and "The manager is very good, you can talk to her". A relative told us, "The manager always speaks to us when we visit". We observed that when the manager approached people she clearly knew them well and they were comfortable chatting with her. Staff spoken with told us they were well supported by the management team and found the manager to be accessible to them at all times. They said, "[Managers name] is on top of everything, she's very good and you can go to her with anything", "[Manager's name] listens to us and accepts any suggestions we have" and "She [manager] has made necessary changes here and has had a positive impact on the place".

The manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service. Staff spoke of the open and inclusive culture within the service that was encouraged by the manager and the provider. A staff member said, "We have staff meetings and we are kept up to date with everything that is planned or going to happen".

The plans of the provider to rebuild New Bradley Hall in the same grounds, with some increase in the number of beds had been finalised, with a date for the building work to commence in March 2017. The decision to rebuild had been made in order to give people a more modern, purpose built living environment. We saw that the provider had held a number consultation and planning meetings for people, staff and local people, to discuss and plan how they will undertake the project with the minimum amount of disruption to all who may be affected. This meant that the provider had involved the local community in its future plans for the service.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. A staff member said, "You have to take everything further that you are concerned about". The provider had a whistle blowing policy which staff were aware of and knew how to access.

The provider completed and returned a Provider Information Return we requested within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this. The provider had displayed their rating at the home and on their website that was given to them by the CQC [Care Quality Commission] as is required by law.