Royal British Legion Industries Ltd

Bradbury House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bradbury House is a nursing home providing personal and nursing care to 47 people at the time of the inspection. The service provides support to people with physical disabilities, older people and people living with dementia. The service also supported autistic people and people with a learning disability. The service can support up to 50 people in one adapted building.

People's experience of using this service and what we found
People and their relatives feedback about Bradbury House was mostly positive. However, we identified shortfalls relating to care planning, documentation, checks, audits and feedback from people about staffing. Although there were sufficient numbers of staff in line with the providers dependency tool, the allocation of staff did not always meet people's needs. There was a new series of audits being completed, however they were not sufficiently embedded to provide assurances that they were identifying issues.
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Guidance in place to inform staff how best to support people was not always detailed, however, staff we spoke with knew people well and were aware of risks to them. Staff had good knowledge of healthcare conditions and how they may affect people, for example, for people living with diabetes or people who could become distressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People experienced person-centred care, which promoted their dignity and privacy. Most people told us the care they received was good, but some told us staff were sometimes rushed.

Right Culture: We observed a positive culture, where staff knew people well, and adapted the support they gave to people depending on each person's preferences. People were supported to maintain contact with their families and be involved in activities in line with their interests. The staff showed kindness and compassion and the management team demonstrated a desire to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 May 2022. The service remains rated

requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made to the previous breach of regulations, however new breaches of regulations were identified.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bradbury House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 3 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
Bradbury House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bradbury House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however the manager had submitted an application to become registered with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 10 people and 3 family members about their experience of the care provided. We spoke with 9 staff members including the nominated individual, manager, deputy manager, nurses care staff and activities staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting healthcare professional.

We reviewed a range of records relating to people's care and support. This included five people's care records and multiple medication records. A variety of records relating to the management of the service were also reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff we spoke with had a good understanding of risks to people, and how to share concerns. However not all care plans contained robust risk assessments in place to inform staff of actions to take.
- One person was at risk of constipation. Whilst their care plan documented this, there was no detail of when staff should contact the GP or signs to look for if they were concerned the person was constipated.
- Some people had catheters in place. A urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag. There was not detailed guidance in place to inform staff how to care for the catheter, or what signs of infection to look for.
- Not all risks to the environment had been robustly assessed and mitigated. Some people had extension leads in their rooms, and multiple devices which had posed previous fire risks. Although staff told us they reviewed this risk frequently, there was no risk assessment in place to inform new, or agency staff of the risk.
- Not all staff had completed a fire drill at the service, and there was no evidence that staff had completed a recent fire drill at night. The last recorded fire drill took place in 2022. This presented a safety and fire risk.

The provider failed to assess the risks and doing all that is reasonably practicable to mitigate the risks. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff understood how to support people with decision making and told us they encouraged people to make as many decisions as possible, as its their human rights.

Using medicines safely

● Medicines were not always managed safely. Some people had pain relief patches, which are required to be repositioned to a different site to help prevent skin irritation or possible skin breakdown. Staff did not consistently record the position of where the patch was applied and could not demonstrate they were applying the patch in line with guidance.

● Some 'as and when' medicines did not have detailed guidance. For example, when someone could become distressed, they were prescribed a medicine to reduce their agitation. The nurse on duty knew how the person would present, however there was no guidance on how they would present, and the steps to take prior to giving the medication.

● New nurses had been recruited to provide consistency, and the manager told us that this would improve practice with medicines and medicine oversight.

● Medicine administration records (MAR) were fully completed. We completed a reconciliation of medicines and found that the stock levels matched the numbers documented on the MAR.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to prevent abuse of service users. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

● There were systems in place to identify, report and learn from incidents of abuse. People and their relatives told us they felt they were safe. One person told us, "It's the first place I feel happy, and I feel very safe."

● The manager had raised any concerns with the local authority safeguarding team and ensured that any lessons learnt were shared with the staff team.

● Staff we spoke with, including agency staff told us they understood how to raise concerns. Staff told us, "I would speak with the nurse in charge or any superior. I would speak up."

Staffing and recruitment

● We received mixed feedback from people and their relatives about staffing at Bradbury House. Comments included, "There are sometimes delays between me calling for help and getting someone to see me," and, "I press my buzzer and could wait 5 minutes, but it can be up to 20," and, "I sense the place is understaffed as they seem so busy."

● Staffing levels matched the providers dependency tool, and where needed agency staff were used to ensure shifts were covered. We discussed people's feedback with the provider, and they agreed to review the deployment and oversight of staff to address people's concerns.

● Robust recruitment checks had been completed before staff started to work at the service. Disclosure and Barring Service (DBS) checks were completed on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
Visitors were encouraged at the service without restrictions. People and their relatives told us they were able to visit as frequently as they liked.

Learning lessons when things go wrong
● There was a system in place to document and monitor when accidents and incidents occurred. The new system included a full review of the incident and any actions needed.
● When similar instances occurred, for example when someone could show high levels of anxiety, action was taken to ensure people were referred to the relevant healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Processes were not always in place or fully established to ensure that risks were identified and action had been taken to address issues raised. There was an auditing system in place, however it had not been in place long enough to ensure it was effective.
- Actions taken as a result of the fire risk assessment were not documented, therefore it was not clear what action had been taken.
- Some aspects of staff training were not up to date. For example, not all staff had completed training on how to support someone with a learning disability or autistic people, however staff we spoke with had a good understanding of how to support people with a learning disability.
- Some documentation was not complete or up to date. For example, some people required their fluid intake to be measured. Although we observed people being offered drinks regularly, the recording of people's fluid intake was not always completed or completed consistently.
- Medicine audits and checks were not completed regularly. Whilst nurses were recruited, agency staff were used to support the service, however the support and supervision of the agency nurses was not clear. Some agency nurses completed daily checks on medicines, however not all nurses completed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Opportunities to for people and their relatives to feedback about the quality of the service had been limited. One person who was cared for in bed told us that staff often came to them late. We checked their daily care notes which confirmed staff did not go to the person before 9am on most mornings, despite the person wanting support earlier.
- There was not an established system in place to ensure that family members received feedback following meetings. For example, some family members had raised questions about toiletries, but there was no evidence this had been reviewed and resolved.
- Staff meetings were not always frequent, for example the last nurses meeting was held in November 2022, and did not demonstrate that staff were being sufficiently supervised. Meetings for carers showed they were engaged and able to ask questions and receive responses.

The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service, assess, and monitor the risks relating to the health and safety of people and maintain accurate and

complete records. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A recent survey on food preferences had been completed and used to inform and improve the food choices available to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the nominated had been open and honest, and understood their responsibility to comply with the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a positive culture within the service. People and their relatives told us that staff supported them with kindness and compassion. One person told us, "This place is marvellous. I couldn't be any happier the staff are so attentive."

● Staff we spoke with told us they enjoyed working at the service and enhancing people's lives.

● Staff were able to demonstrate how they supported people in a person-centred way. For example, staff told us, one person had specific interests and hobbies they liked to discuss with staff.

Working in partnership with others

● Staff worked in partnership with a range of healthcare professionals to provide joined up support for people. People were frequently seen by the visiting paramedic practitioner, and also had links with the learning disability team, mental health team, and other professionals.

● A healthcare professional told us, "The [deputy] manager is the main one I deal with, and they are fantastic."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks and doing all that is reasonably practicable to mitigate the risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service, assess, and monitor the risks relating to the health and safety of people and maintain accurate and complete records.