

Holy Cross Care Homes Limited

Bradeney House Nursing & Care Home

Inspection report

Worfield
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19 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Bradeney House is a nursing home which can accommodate 101 people. It provides a service to older people, some of whom may be living with dementia. Bradeney House is also registered to provide personal care to people living in their own homes which are situated in the grounds of the home. At the time of this inspection there were 94 people living at the home. There was currently nobody receiving the regulated activity of personal care in their own home.

People's experience of using this service:

- People and their relatives were very positive about the service and care provided. A person who lived at the home said, "The staff are very nice, very helpful and very friendly. They deserve every accolade you give them. They put themselves out to keep us happy. You can't fault them." A relative said, "I am here all day every day so I know my [relative] is safe and they are looking after them. It's a lovely home."
- Risks to people were monitored and procedures were in place to help keep people safe.
- People's physical and mental health needs were monitored and understood by staff and referrals to healthcare professionals were made in a timely manner when required.
- There were safe systems for the management and administration of people's prescribed medicines.
- People were protected from the risk of harm or abuse.
- People were supported by adequate numbers of staff who were safe and competent to work with them.
- People were protected from the risks associated with the control and spread of infection.
- The environment and equipment used by people was well-maintained.
- The registered manager ensured people received a service which met their needs, aspirations and preferences.
- People's views were encouraged and responded to.
- People benefited from a staff team who were motivated and supported to provide the best care possible.
- There were effective procedures to monitor the quality and safety of the care people received.
- There was an ethos openness and transparency and learning when things went wrong.

Rating at last inspection: In January 2019, the service was rated good.

Why we inspected: This focused inspection took place because we received information of concern about the care of people who exhibited behaviours which may challenge. We focused on the key questions is the service safe? And is the service well-led?

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.

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

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

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Bradeney House Nursing & 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection was prompted by concerns we received about the management and care of people who experienced behaviours which may challenge.

Inspection team:

The 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. The inspection team also included a specialised advisor who was a nurse who specialised in the care of people with dementia, mental health problems and behaviours which may challenge and a specialised advisor who had training and experience in the safe management and administration of medicines.

Service and service type:

Bradeney House is a care home which provides nursing care to older people who are living with dementia. 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. Bradeney House is also registered to provide personal care to people who live in their own homes in the grounds of the home. At the time of this inspection there was nobody receiving this service.

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:

The inspection was unannounced and the inspection site visit activity started and ended on 19 March 2019.

What we did:

The provider was not requested to submit a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service such as previous inspection reports, feedback from stakeholders and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with 12 people who lived at the home and five relatives to ask about their experiences of the care provided. 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. The registered manager was available throughout our inspection. We also spoke with 15 members of staff which included nurses, care staff, domestic and activity staff. We looked at 13 people's care and medication records, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- People felt safe living at the home and with the staff who supported them. One person said, "The staff are very kind and they provide a good service. I feel comfortable and safe here." A relative told us, "[Name of person] is definitely very safe here. The staff are very, very good."
- People were supported by sufficient numbers of staff who had the skills and experience to meet people's needs and keep them safe. One person told us, "We have the same staff. They are very good. They do all that they are supposed to do. I have never experienced anything to change that view."
- Staff responded to any requests for assistance in a timely manner and they recognised when people needed support. A relative said, "There is no problem with call bells. They [staff] are very diligent about answering calls."
- The atmosphere in the home was relaxed and staff interacted and supported people in an unhurried manner.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and report any signs of abuse. A member of staff said, "We are all encouraged and reminded to speak up and raise any concerns. I would report any issues straight away."
- Where concerns had been brought to the attention of the registered manager they had informed the local authority safeguarding team and worked closely with them to investigate concerns to ensure people were safe.

Assessing risk, safety monitoring and management

- There were effective procedures to assess and manage risks which staff understood and followed. These included, risks associated with pressure damage to the skin, mobility, eating and drinking.
- There were comprehensive risk assessments and care plans to manage behaviours which may challenge. A relative told us, "They [staff] are wonderful with my [relative]. My [relative] can get aggressive and the staff are amazing and calm them." Risk assessments and care plans had been regularly reviewed to ensure they remained appropriate.
- We saw where there were concerns about a person's mental or physical health, referrals to appropriate healthcare professionals had been made in a timely manner.
- Regular checks were carried out on the environment and equipment used by people to ensure they remained safe to use.
- Maintenance staff were employed and any repairs were dealt with in a timely manner.
- External contractors ensured equipment, such as moving and handling equipment and the shaft lift were regularly serviced and maintained.

- Staff were trained in fire safety and each person had an emergency fire evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.

Using medicines safely

- People received their medicines when they needed them. A person who lived at the home said, "I have arthritis in my spine and it is painful. The nurse gave me a painkiller so I will start feeling better soon" A relative told us, "They [staff] come around with the medications. They make sure that my [relative] has swallowed their tablet as sometimes they can hide it under their tongue."
- People's medicines were managed and administered by staff who were trained and competent to carry out the task.
- Medicines were securely stored. People's medicine administration records had been fully completed and there was an audit trail of all medicines held at the home.
- Where people required their medicines to be administered covertly, the principles of the Mental Capacity Act (2005) had been followed.

Preventing and controlling infection

- All areas of the home were clean and smelt fresh.
- Staff had received training about preventing and controlling infection.
- The provider's infection control procedures were understood and followed by staff. We observed staff follow good hand hygiene and used single use personal protective equipment (PPE) appropriately when assisting people.

Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any trends. We saw measures were put in place to reduce the risk of the incident happening again and to reduce the risk of injury. For example, falls were closely monitored and the registered manager had reviewed the deployment of staff which had reduced the number of falls.
- When an accident or incident occurred, the registered manager informed the person's relative detailing the action they had taken.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who was very visible in the home and had a good understanding and knowledge of people's needs.
- People and their relatives spoke highly of the registered manager and of how the service was run. One person said, "The manager staff are very nice, very helpful, very friendly and they deserve every accolade you give them. They put themselves out to keep us happy. You can't fault them". A relative told us, "We are very happy with the care; even more so now. We are happier than ever. The care my [relative] needs is far greater now and they are wonderful with them."
- Staff felt valued and motivated to do their work and staff considered that the team work in the home was good. A member of staff said, "Things have changed a lot here for the better over the last few years. We are kept informed of changes and we have meetings with senior members of staff where we can speak out if we wish to. I do feel very well supported here". Another member of staff told us, "I would not stay working here if I did not feel people were receiving the best care possible. I have worked in places like that before. Here, everyone pulls together from the higher management to the newest carer. We all have the same goal in mind."
- Staff were clear about their roles and responsibilities and there were effective systems to monitor staff skills, knowledge and competence.
- Staff could discuss their role through regular supervisions and annual appraisals.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales. These included deaths, injury and Deprivation of Liberty Authorisations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care and support which was tailored to meet their needs and preferences. A relative said, "The care plans are done very well. They put in place what we wanted for my [relative] such as showering them every day. The staff adhere to it religiously."
- There was a supportive culture of openness and transparency. Learning from incidents, accidents or concerns were shared with staff.
- The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a

regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

- The home's last inspection report and rating was clearly displayed in the home and on the provider's website.

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

- People, their relatives and staff were provided with opportunities to make suggestions about the running of the home. A relative told us, "The managers have meetings with the families. If you say something they will do something about it. My relatives put ideas forward and these were addressed. The manager arranged for a new bedding and a nicer bed."
- Staff had been trained in equality and diversity and understood the importance of respecting people's rights.
- There were good links with the local community which benefitted the people who lived at the home.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.

Continuous learning and improving care

- Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The management team completed a range of quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. Audit results were monitored by the provider who visited monthly to provide support and undertake their own quality monitoring.

Working in partnership with others

The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's, district nurses and mental health professionals.