

The Salvation Army Social Work Trust

Bradbury Home

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

We carried out an unannounced comprehensive inspection of this service on 23, 24 and 31 January 2018. Breaches of legal requirements were found in relation to Regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). Because of our concerns the Care Quality Commission acted in response to our findings by rating the service as 'Requires Improvement' and serving two Warning Notices in February 2018, relating to breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The warning notices referred to inadequate medicines management and quality assurance arrangements at the service not being robust. The dates for compliance to be achieved were 9 April 2018 and 1 May 2018.

After the comprehensive inspection, the registered provider wrote to us to say what they would do to meet legal requirements. They told us they would be compliant by 9 April 2018.

We undertook this focused inspection on 14 May 2018 to check that the registered provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bradbury Home on our website at www.cqc.org.uk

Bradbury Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 36 older people and people living with dementia in one adapted building.

Bradbury Home is a large detached building situated in a quiet residential area in Southend on Sea and close to all amenities. The premises is set out on three floors with each person having their own individual bedroom and adequate communal facilities are available on each floor within the service.

A registered manager was in post at the time of this inspection. The registered manager had returned in February 2018 following a period of absence, to manage the service on a day-to-day basis. A permanent head of care had now been appointed and the 'relief home manager' who had overseen the service during the registered manager's period of absence continued to provide support three days a week. 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.

The registered provider and registered manager could demonstrate a better understanding and awareness of the importance of having robust recruitment procedures in place to safeguard people using the service. Recruitment practices were much improved and records as required by regulation had been sought. Risks to people were clearly identified and managed to prevent people from receiving unsafe care and support. The

deployment of staff was better and there were sufficient staff available to meet people's needs to an appropriate standard throughout the day. Call alarm facilities were answered promptly by staff on duty to ensure people's care and support needs were met in a timely manner. Arrangements were now in place to review and investigate events and incidents and to learn from these.

Though the above was positive, whilst it was recognised that significant attempts had been made to ensure the proper and safe use of medicines, further improvements were still required. This referred specifically to making sure people received their prescribed medicines as they should and ensuring the administration of medication was recorded correctly. Additionally, improvements were required to ensure all staff who administered medication were appropriately trained and assessed as to their continued competence. Where external pharmacists had completed an audit of the service's medication arrangements and a report of their findings compiled, progress was needed to make sure an action plan detailing the actions to be taken was devised and monitored to achieve compliance.

Since our last inspection to the service steps had been taken to strengthen the management team of Bradbury Home and to provide more direct support to the registered manager. This was seen to be a positive step; however further improvements were still required at both 'provider' and 'service' level to ensure the registered provider's quality assurance arrangements were effective to drive and sustain the required improvements; and to maintain compliance with regulatory requirements.

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 consistently safe.

Not all required improvements had been made to make sure people received their prescribed medication and records completed correctly. Not all staff were suitably trained or had their competency assessed to administer medication.

Staff recruitment practices were now safe.

Risks to people were suitably managed, mitigated and recorded so as to ensure people's safety and wellbeing.

Lessons had been learned and improvements made when things go wrong at the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although quality monitoring processes were much improved, improvements were still required to ensure these were as effective as they should be, particularly in relation to medicines management and where actions and recommendations were to be followed-up and addressed.

Bradbury Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focussed inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 23, 24 and 31 January 2018 had been made. The service was inspected against two of the five questions we ask about the service. This referred specifically to 'is the service safe' and 'is the service well-led.'

No risks, concerns or significant improvements were identified in the remaining 'Key Questions' through our on-going monitoring or during our inspection activity so we did not inspect them. The rating from the previous comprehensive inspection for these 'Key Questions' were included in calculating the overall rating in this inspection.

This inspection took place on 14 May 2018 and was unannounced. The inspection was completed by one inspector.

We spoke with three people who used the service, three members of staff, the head of care and the registered manager.

We looked at the service's arrangements for the management of medication and records relating to staff employed at the service. We also looked at the service's quality assurance systems, safeguarding information and observed the deployment of staff within the service.

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection on the 23, 24 and 31 January 2018. At this inspection, we found that safe remained rated as 'Requires Improvement.' At our previous comprehensive inspection to the service in January 2018, we found the registered provider's arrangements for the safe management of medicines and staff recruitment practices were in breach of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and required significant improvement. As a result of our concerns the Care Quality Commission took action in response to our findings by serving a Warning Notice in February 2018 relating to poor medicines management. The date for compliance to be achieved was 9 April 2018.

Additionally, not all risks relating to individual people were identified or suitable control measures put in place to lessen the risks posed. Discrepancies were noted between the number of safeguarding concerns recorded and reported to the Care Quality Commission. Staffing levels were variable and suitable arrangements were not robust to review and investigate events and incidents and to learn from these. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that whilst some progress had been made, further improvements were still required in relation to medicines management at the service.

Medicines were now securely stored and the medication room and trolley was locked to ensure medicines were only accessible for people authorised to have access to them. Observations of staff's practice for administering medication were much improved to ensure people's safety. Pharmacist advice relating to medicines management had been sought by a well-known pharmacy chain in March 2018 and a community pharmacist employed by the local Clinical Commissioning Group [CCG] had visited the service in May 2018. However, further improvements were still required to enable the service to achieve compliance with medicines management and to address actions highlighted from these visits.

Staff were not consistently following the codes as identified on the Medication Administration Record [MAR] form when recording medicines administered. This was despite information relating to correct coding advice being displayed and staff receiving extra training which covered the use of codes. For example, where people were prescribed specific pain relief medication to be administered four times a day, the MAR form suggested this was being given as PRN 'when necessary' as the code recorded by staff was 'N offered'. The code recorded by staff was incorrect as the medication was prescribed to be administered at set times throughout the day rather than administered on a PRN 'when necessary' basis. The correct code which should have been used by staff was 'A refused'. Additionally, where people were prescribed a topical pain relief gel to be administered two or three times a day, records to evidence this having been applied were not routinely completed. This meant we could not be assured that people had had their pain relief medication administered. Both issues had been highlighted as requiring action following pharmacist advice provided in March and May 2018 respectively. However, this had not been addressed and the measures put in place by the management team were not as effective as they should be.

Two people's MAR forms showed they had not received all their prescribed medication as they were 'asleep'.

We could not see any evidence to show this had been discussed with either person's GP for the administration times to be altered. Furthermore, one person did not receive three continuous doses of their prescribed medication for the treatment of high blood pressure, as the service was 'awaiting stock.' This meant appropriate steps had not been carried out to ensure there were sufficient stocks of medication available to make sure people received their prescribed medication as they should. Although the latter was highlighted, we found no evidence to suggest this had impacted on the person's health and wellbeing.

The registered provider's action plan told us all staff would attend medication training and once completed staff would have their competency assessed. We found not all staff who administered medication had received updated training or had their competency assessed since our inspection in January 2018. Specifically, three out of eight members of staff had still not received additional training or been assessed as to their continued competence to administer medication. The rationale provided by the head of care was there had been mitigating circumstances as to why training had not been attained, namely staff had been on sick or annual leave. Following the inspection, we discussed this further with the assistant director for older people's services. They confirmed that staff who had not received up-dated training were no longer able to administer medication.

Following the inspection, the Local Authority advised us that a further visit by them and the local CCG pharmacist had been completed in June 2018, however not enough improvement had been made as previously highlighted during their visit to the service in May 2018.

The recruitment files for four members of staff employed since January 2018 were viewed. Recruitment practices were much improved to ensure the right staff were employed at the service and these arrangements were safe. The majority of relevant checks had been completed before they commenced working at the service. These included the completion of an application form, gaining a full employment history, obtaining written references, ensuring the applicant provided proof of their identity, a recent photograph and a criminal record check with the Disclosure and Barring Service [DBS]. The head of care advised all newly appointed staff had received an 'in house' orientation induction and where appropriate staff had commenced the 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Minor improvements were needed as one reference was received after the applicant had commenced in post, one reference was not from the staff member's most recent employer and no evidence of a DBS was available at the time of the inspection for another member of staff. The latter was discussed with the registered manager and a copy of their DBS was forwarded to the Commission nine days later. At our last inspection to the service in January 2018, no personnel file was available for one member of staff. At this inspection all information as required had been sought. The service regularly used agency staff via an external employment agency. Profiles confirming relevant checks relating to their employment had been completed and were now in place.

People told us staff looked after them well, their safety was maintained and they had no anxieties or worries. No safeguarding concerns had been raised since our last inspection to the service in January 2018. Most staff had received safeguarding training, but staff more recently employed had yet to complete this. The registered manager and head of care confirmed they aware of this and told us this would be provided as part the induction.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health, wellbeing and safety. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These

assessments covered a range of areas, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking.

Comments about staffing levels from people using the service and staff were positive. The deployment of staff across the service was observed to be appropriate. There were sufficient staff available to meet people's needs to an appropriate standard during the day and call alarm facilities were answered promptly.

Appropriate arrangements were now in place to review and investigate events and incidents and to learn from these. The registered manager provided examples whereby lessons had been learned. Incident reports viewed showed there had been three medication errors in March 2018, whereby the MAR forms were signed but medication had not been administered. Lessons had been learned whereby the responsible staff had received training, reflective supervision and an observation of staffs practice had been undertaken to ensure their practice was now safe.

Is the service well-led?

Our findings

Well-led was rated as 'Requires Improvement' at our last inspection on the 23, 24 and 31 January 2018. At this inspection, we found that well-led remained rated as 'Requires Improvement.' At our previous comprehensive inspection to the service in January 2018, we found the registered provider's quality assurance arrangements were not as robust as they should be. Specifically, an analysis of information had not been completed to identify potential trends and where areas for corrective action were highlighted and required, an action plan had not always been compiled to evidence the steps taken to address these areas.

Insufficient progress had been made to address previous concerns highlighted in January 2017 relating to the management of medicines. Quality assurance arrangements had not ensured recruitment practices for staff were safe or made sure newly employed and agency staff had received an induction, received formal supervision or an annual appraisal of their overall performance. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because of our concerns, the Care Quality Commission took action in response to our findings by serving a Warning Notice in February 2018 relating to the registered provider's quality assurance arrangements. The date for compliance to be achieved was 1 May 2018.

Since our last inspection to the service, the registered manager had returned to manage the service on a day-to-day basis. The assistant director of older people's services had increased the number of weekly visits to the service and a member of the registered provider's 'quality and compliance team' had visited the service in April 2018 to undertake a review of the service. This was to look at the concerns raised because of the Care Quality Commission's findings following the last inspection to the service in January 2018. A decision was made by the registered provider that the additional resources would remain in place until the home management team were able to maintain and sustain progress without them.

The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that progress had been made in relation to people's care plan and risk management documentation and strategies; and staff recruitment practices were now safe. The registered manager confirmed that a review and audit of people's care plan documentation had been completed and where appropriate, amendments made and actioned. Records were available to confirm this as accurate. In addition, the registered manager confirmed recruitment procedures had been strengthened and staff files reviewed to ensure these arrangements were now effective and safe. Newly appointed staff now received a robust induction. A supervision matrix was now in place and this showed most staff employed at the service had received at least one formal supervision since our inspection in January 2018. The registered provider and manager were aware that further improvements were still required to the management of medicines.

Visits by the assistant director had been regularly undertaken between January 2018 and April 2018 and reports of their findings compiled and completed. The registered manager confirmed they were responsible for the completion of a weekly manager's report and once completed this was forwarded to the registered provider. Though we were advised of this, the last report available was dated 6 April 2018. We discussed this

with the registered manager and the rationale provided to us was they were currently behind with these reports. An assurance was provided by the registered manager that these would be retrospectively completed.

The service involved people, their family and staff through the use of questionnaires to seek their views about the quality of the service provided and to understand what it is like to work for the organisation. This demonstrated proper arrangements were in place to engage with people using the service, people's representatives and staff. The registered manager confirmed to us that since our last inspection to the service in January 2018, people's views had not been sought but would be undertaken later in 2018.

Meetings for people using the service and those acting on their behalf were held at regular intervals to enable them to have a voice and to raise issues. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service. Minutes of meetings were available for view.

Suitable arrangements were in place to work in partnership with all relevant stakeholders and external agencies, to support care provision and joined-up care. For example, the registered manager and head of care were able to show that in relation to medicines management they were working closely with the local CCG pharmacist and a well-known pharmacy organisation to support with medicines management and share best practice.