Sanctuary Care Limited

Bradwell Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Bradwell Court Residential Care Home on 21 January 2016. We arrived at the home at 10am and left at 6pm. The service had previously met all of the regulations we inspected against at our last inspection on 20 February 2014.

The home provides personal care, support and accommodation for up to 27 older people who may also have dementia. Accommodation is provided on three floors, with lounges available on two floors. A passenger lift and stairs provide access to all floors. The dining area is on the ground floor. Additional quiet seating areas are available around the home. The bedrooms are very spacious and can also accommodate lounge furniture. All bedrooms have their own bathroom with walk in shower. At the time of the inspection there were 25 permanent residents and another permanent resident was in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Prior to this inspection we received feedback from Healthwatch, the local authority contract monitoring team and a visiting health care professional to seek their views of the service. They did not have any concerns about the care.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions but had not always consistently followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

However, the experiences of people who lived at the home were positive.

People's needs were assessed and plans were developed to identify what care and support people required to maintain their health and wellbeing and foster their independence where possible.

People were protected from abuse. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's health care needs were met and their medicines were administered appropriately. Staff supported

people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the manager was using the information to improve the service. This demonstrated that it was a learning organisation.

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.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider had appropriate policies and procedures to work within the guidelines of the MCA and uphold people's rights. However, these weren't always consistently applied to ensure that it was in people's best interests to be cared for at Bradwell Court when they did not have the capacity to consent to this.

Staff received support and training to fulfil their role.

People were supported to have a healthy diet and had access to a range of health professionals.

Is the service caring?

Good

The service was caring.

Relationships between staff and people who used the service were positive.

People's dignity and privacy was respected and their individuality and independence promoted as much as possible.

Is the service responsive?

Good

The service was responsive.

People received care that reflected their individual needs and preferences.

People had the opportunity to be involved in hobbies and interests of their choice.

There was a complaints procedure and people knew how to use it.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place who had been in post for 16 years. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

There was a quality assurance system in place, which helped staff reflect and learn from events such as accidents and incidents and investigations. This reduced risks to the people who used the service and helped the service to continually improve and develop.

People who used the service and staff were able to comment on the service in order to influence service delivery.

Bradwell Court Residential Care 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 inspection took place on 21 January 2016 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist adviser who was a nurse specialising in the care of older people with dementia. We arrived at the home at 10am and left at 6pm.

Before the inspection we reviewed all the information we already held on the service and contacted Healthwatch, the local authority commissioning team and a community nurse who visits the home to seek their views. The provider had also completed a Provider Information Return (PIR). 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.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed three care records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with five people who used the service and visitors of three other people. We also spoke with the regional manager, the registered manager, the administrator, the handyman and three care staff.

Good

Is the service safe?

Our findings

People who lived at the home and the visitors we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.
We saw that staff acted in an appropriate manner and that people were comfortable with staff. Information was available for people who used the service and their visitors on the noticeboard in the reception area telling them what abuse was and how they could report it.

People said that staff met their needs and came promptly when called. Staff said that there were enough staff to provide a good standard of care. The registered manager told us that staff rotas were planned four weeks in advance according to people's support needs. We looked at the staff rotas and saw that, as well as the registered manager who was present in the home most days, there were always one senior and three care assistants on duty from 7am to 10pm and one senior and two care assistants from 10pm to 7am. In addition the home employed an activity coordinator five hours a day Monday to Friday, an administrator, a handyman, two catering staff and a domestic assistant every day. Extra care staff were deployed when necessary, for example when medications were delivered and required booking in or to take people out. The manager told us that she had access to a number of bank staff and that the organisation had never refused a request for extra staff. She said agency staff were very rarely used.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked the staff files, which confirmed that all the necessary checks had been completed before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed a senior administer medication to people. This was done safely. We looked at the medication records for three people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action

following accidents or incidents.

We spoke with the handyman and looked at the maintenance records. The handyman completed regular environment and equipment safety checks which included fire and water safety, environment audits, hoists, hoist slings, wheelchairs, and bed safety. Any issues regarding equipment safety were reported to the provider's central support team who arranged for a suitable contractor to visit the site. The service had a business continuity plan in the event of a significant incident which may include a power failure, flood or fire. The service was awarded 5 stars by the EHO on the 19 March 2015.

Staff received fire instruction on their induction and had fire safety training. Nine staff were trained fire wardens and four fire drills had been carried out in the last year. There were personal evacuation plans in the event of an emergency for all of the people who used the service.

The home was very clean and staff had received training in infection prevention and control. The home had a five star rating for food hygiene. Anti-bacterial hand cleanser was available in the entrance to the home and in bathrooms. Liquid soap and paper towels were also available at all wash handbasins. People who used the service said "The home is always clean".

The home was well maintained and comfortably furnished. The home could only be accessed via a keypad, which required a member of staff to attend to let visitors in. Staff were quite clear they could not give the keycode to anyone who wasn't a member of staff in order to maintain the security of the premises and safety of the people who lived in the service.

Requires Improvement

Is the service effective?

Our findings

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

During our visit we saw that staff obtained people's consent before providing them with support. Staff we spoke with during our visit were aware of DoLS and had received the relevant training. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager, who told us that one person living at the home was subject to Deprivation of Liberty Safeguards and applications had been made to the local authority for others at Bradwell Court. We looked at people's records in relation to their capacity to consent to care and saw that most people had the capacity to do so. For those that did not, the records were inconsistent. Most followed the correct process but two didn't. For example, one person had an assessment in their care file that said they had capacity to consent to care but an application for DoLS had been submitted to the local authority and the application had not been correctly completed. We asked the staff why this application had been submitted and they explained that the person's mental health had deteriorated and they thought the person no longer had capacity to consent to care, but the mental capacity assessment had not been reviewed or updated. Another person's mental capacity assessment identified that they did not have the capacity to consent to care but no application for DoLS had been submitted to the local authority. We discussed this with the regional manager and registered manager. The regional manager described the company's policy and procedures for compliance with MCA and DoLS and said that there was a checklist for their homes to follow. He said he would ensure that in future the staff followed the company's procedure in all cases and completed the checklist for each person who did not have capacity to consent to care.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well. Staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

We saw that staff had the skills to be effective in their role. Longstanding staff had received a comprehensive induction in the first three months of their employment that covered the Skills for Care induction standards and new staff were in the process of completing the Care Certificate, which is the minimum standards that should be covered as part of induction training of new care workers. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. Two staff

had been identified as needing refresher training in certain topics and we saw evidence that this had been scheduled. All staff had completed dementia care training. Staff were supported to undertake vocational qualifications and said they were not asked to do anything for which they felt untrained. The registered manager was working with a regional training partner to complete a training needs analysis for staff in order to provide further training specific to the medical needs of people who used the service, for example training in Parkinson's disease and epilepsy.

The provider's policy was that all staff should receive an annual appraisal and supervision every two months, some of which could be group supervision, to ensure that competence was maintained. We noted that some staff had not had any individual supervision for over six months, although care staff meetings were held monthly which sometimes covered certain topics, such as infection control or safeguarding, where the manager checked people's knowledge and understanding. Lessons learnt from inspection reports, audits, complaints and safeguarding alerts were also discussed at staff meetings. Staff turnover and sickness levels were low.

People told us the food was good and they had plenty to eat. We observed that people were supported to have sufficient amounts to eat and drink. All the people who used the service had a diet notification completed which identified the individual's likes, dislikes, special dietary requirements and any interactions with medication. This information was shared with the service's catering and care teams. People were involved in menu planning and the chef had input into people's nutritional care plans. He was familiar with people's likes and dislikes and tried to facilitate these when planning the menus. We observed that people were supported to have sufficient amounts to eat and drink. Tables were attractively set, staff helped people to eat and we observed staff taking time to talk with people and join in with conversations at the meal tables. Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss or a BMI below 18 had their diet and fluid intake monitored and recorded through the completion of the relevant monitoring charts and fortified diets were provided where appropriate. Everyone was encouraged to have their weight recorded at least monthly and those identified at an increased risk of malnutrition were encouraged to have their weights recorded weekly. The manager completed a weights audit monthly to ensure all actions have been completed and the appropriate professional involvement arranged. The home had recently implemented a new nutritional assessment tool to more accurately determine whether people were at risk of malnutrition and when professional advice should be sought. However, we noted that staff were not completing this correctly. The regional manager said he would ensure that staff received training in its completion. We also noted that there were no snacks or drinks that people could help themselves to.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist or speech and language therapist, as required. Where possible people were encouraged to choose who provided their healthcare services, and where possible people continued to receive support from those involved in their care prior to them moving to the service.

The home had a large ground floor lounge divided into smaller seating areas with the use of furniture; the room had a "homely feel" with areas of interest, such as large fish tank in one seating area and the TV and music area. There was a large dining area leading off from the lounge; the dining tables were laid with cloths, cutlery, condiments, napkins and a menu for the day. There was a smaller lounge/ dining room on the first floor which was mainly used for some activities and meetings.

Corridors in the home had handrails to assist mobility.

Some adaptations had been made to the environment to assist people with memory difficulties to find their way around. Corridors were all decorated differently. One was decorated with themed murals, and tactile displays related to different themes. The communal toilets and bathrooms were signed and we were informed that new signage has been ordered that consisted of writing, pictorial assistance and "dementia friendly colours". There was some directional signage in the home showing bedroom numbers. Bedroom doors were all numbered and all had the appearance of external house doors with letter boxes. Outside of the bedroom doors there were frames/small boxes with different displays of memorabilia, items of interest or photographs to help people identify their room.

The ground floor dining area had doors which led to an enclosed garden, which contained plenty of seating and raised flowerbeds. Despite the time of year, the garden was well kept and accessible.

Named staff photographs were displayed in the reception area.

Good

Is the service caring?

Our findings

People who used the service and the visitors were complimentary about the staff. Comments included: "The staff are very kind"; "The care is excellent and my relative is very happy here"; "The manager and staff are very caring"; "I can call at any time, and am always made welcome".

People told us that friends and relatives were able to visit at any time without restrictions. The visitors we spoke with confirmed this and told us they were always made to feel welcome. They had strong praise for the staff and the service and said their relatives felt very comfortable in Bradwell Court and regarded it as home.

We saw that people who lived at the home and their family members were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, offering support and encouragement. People were very comfortable and relaxed with the staff who supported them. We saw that staff often sat and chatted to individuals and the manager told us it was company policy for all members of staff, including ancillary staff and visiting senior managers had to sit and chat to a resident for at least ten minutes a day.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people who lived there.

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms and there were other areas where people could choose to be alone.

A number of staff at the service had signed up as dementia champions, dementia friends and dignity champions.

The registered provider had introduced kindness awards to encourage staff, visitors and people who used the service to acknowledge the kindness of staff and residents that exceeded their expectations.

All new starters received training that included duty of care, privacy and dignity, and working in a person centred way, to provide them with the knowledge and understanding of their caring responsibilities. All staff had completed data protection training to ensure that confidential, personal and sensitive data was

protected.

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team to ensure that the people's care needs could continue to be met whilst maintaining their comfort and dignity. There was a plan to provide end of life care training for all staff.

People were able to see visitors in private if they wished and were able to take visitors to their rooms, the gardens or lounge areas. Visiting professionals were encouraged to avoid visits during meal times as this could impact upon the meal time experience.

The home's principles of care were displayed in reception for everyone to see.

The local authority contract monitoring team and a visiting community nurse told us the care at Bradwell Court was good and it was held in high regard by relatives. Healthwatch had carried out a visit last year and said 'staff and residents have a good relationship in a caring supportive environment'.

Good

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. People who used the service and the relatives we spoke with told us that the service responded well to people's needs and requests. One person said "Staff are very helpful, I choose what I want to do. I've been on outings on a canal boat and to Blackpool".

We asked whether call bells were responded to promptly. Overall most people said staff responded quickly if they pressed the buzzer and the registered manager told us there were plans to upgrade the call system to include monitoring of the time taken for bells to be answered.

The care records we looked at showed that people's needs were assessed and they could visit before deciding if they wanted to move in. People's needs were reviewed again on admission and appropriate care plans were drawn up. Risk assessments were completed, which allowed staff to identify risks to the individual and measures the staff could implement to reduce the risk of potential harm in the least restrictive ways possible, whilst promoting people's independence and maintaining their safety. Care plans were written in a person-centred way, included people's life history and were reviewed at monthly intervals or when needs changed. People were encouraged to have involvement in the planning of their care and were asked to sign their care plan to show that it had been discussed with them and they agreed to it.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests.

People were encouraged to maintain and develop relationships. People told us how they had made friends with other people who lived in the home. People were also encouraged to visit their family members and to keep in touch. On the day we carried out the inspection one person was going out with relatives.

We found that there were a number of activities taking place in the home. The home was a member of the National Association for Providers of Activities for Older People. Activities were promoted throughout the service; there was a pictorial weekly activities planner and large activities notice board displayed in reception. The activities coordinator regularly met with residents to discuss the activities programme, and also met with all new admissions to complete life histories which enabled them to provide people with activities that were of interest to them. On the day of the inspection we saw the activity coordinator engaging people in baking and icing cakes. We also saw staff talking with one person who used the service about the life storybook their son had compiled. Other activities planned for the week included bingo, exercises, a quiz, board games, knitting and film shows. Entertainers also came into the home. Staff said they took people out for walks sometimes and trips out to places of interest took place occasionally, such as a trip to Blackpool and a barge trip, but they said it would be better if the home had a minibus so they could

take people out more.

Everyone had a television in their room, a telephone and wifi were available for people to use and newspapers and magazines were ordered on request.

Resident and relative meetings were held every four to six weeks; notes of these meetings were recorded and reviewed at future meetings to ensure that any agreed actions had been completed.

The home had a complaints procedure and people who lived at the home told us they would feel comfortable raising concerns and complaints. There had been two complaints in the last year, one of which was upheld. The registered manager had recorded her investigations and action taken.

Good

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager who had been in post at Bradwell Court for 16 years. In conversation with the inspectors she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager. She had completed dementia leadership training and was also attending the Dementia Master Class at Worcester University.

People's views on the quality of the service were regularly sought. Annual satisfaction surveys were carried out and the results displayed around the service. At the last survey the home had scored 99% for customer satisfaction.

Daily meetings were held with all heads of departments to discuss any concerns and any key events that may be occurring during that day and all care staff attended daily handovers to ensure effective communication was maintained.

The registered manager said she regularly walked around the service checking the environment, staff interactions and behaviours and resident care and welfare. She also completed regular quality assurance audits to assess the safety and performance of the service; these audits included medication, care plans, infection control and kitchen audits.

Support was available to the registered manager of the home to develop and drive improvement and a system of external auditing of the quality of the service was also in place. Help and assistance was available from a regional manager, who reviewed information submitted from the home such as statutory notifications, any reports from external assessors, accident forms and clinical governance forms that included information on people who used their services such as admissions, discharges, deaths, weight loss, infections and pressure ulcers. He also carried out monthly audits of the service which included reviewing records and any complaints and observing staff practice.

The home received weekly updates are received from the organisation's care business services team which provided up to date information regarding policy changes, and information regarding clinical governance and changes to key legislation.

All staff had recently been involved in staff engagement meetings with the organisation's human resources team. These meetings provided staff with the opportunity to express their views on how the service could improve the experience for those that live and work at the service. Following the meetings the registered manager and regional manager devised an action plan.

A twice yearly assessment of the fundamental standards of quality and safety at the service had been carried out by a consultancy in November 2015, and the home had scored 96%.

The local authority had completed a quality inspection in May 2015 and were happy with the service.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop.

The provider had a whistleblowing policy and records showed this had been drawn to staff's attention.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.