

Bange Nursing Homes Limited

Bange Nursing Homes Limited t/a Bradley House Nursing Home

Inspection report

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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

Bange Nursing Homes Limited t/a Bradley House Nursing Home (known as 'Bradley House' by the people who live there) is a nursing care home providing personal and nursing care to up to 34 people. The service provides support to older people, some of whom were living with dementia in one adapted building. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

People and their relatives said they were safe living at Bradley House. Staff knew how to report any concerns and all incidents and accidents were recorded and reviewed to ensure actions had been taken to reduce the risk of a re-occurrence. Equipment was regularly checked and serviced.

Staff were safely recruited. There were enough staff to meet people's needs. The number of care staff on duty would increase as more people moved into Bradley House. Staff enjoyed working at Bradley House, but felt they weren't fully supported following an incident. The management team said they would hold a debrief following incidents in future.

A quality assurance system was in place. Any issues identified were actioned. The audits were made more robust immediately following our inspection. Relatives said communication with the home was good. A recent relatives survey had shown positive results.

People received their medicines as prescribed. A medical professional was positive about Bradley House; they made appropriate referrals and followed advice provided. The home was clean throughout and actions had been completed following a local authority infection control inspection.

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.

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 18 October 2019) and there were 2 breaches of regulations. 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 and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bange Nursing Homes Limited t/a Bradley House Nursing Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation for best practice guidance to be followed for completing regular fire drills.

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?

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.

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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 completed by 1 inspector 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

Bradley 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. Bradley 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 a registered manager in post. The registered manager is also the nominated individual for Bradley House. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 commissioning team. 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 4 people who used the service and 6 relatives about their experience of the care provided at Bradley House. We spoke with 10 members of staff including the registered manager, clinical manager, a nurse, senior support workers, support workers and activity co-ordinator. We also spoke with 2 visiting professionals.

We reviewed a range of records, including 3 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection medicines were not safely managed. This was a breach of regulation 12 (safe care and treatment) 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 12.

- People received their medicines as prescribed. Medicine administration records (MARs) were fully completed. A daily check sheet had recently been introduced to check the MARs had been signed and to record any other issues, for example low stock of a medicine.
- Guidance was in place for medicines administered 'as required' (PRN), including how the person communicated, either verbally or non-verbally, they required the PRN to be given. Instructions for the covert administration of medicines was also in place.
- Where medicines had to be administered at set times this was recorded and monitored.
- The GP visited Bradley House every week and regularly reviewed people's medicines. The GP said, "The home are good at asking for a review of people's medicines and reducing them where possible so people aren't as drowsy."
- A recent review by the local authority medicines optimisation team had been positive. The issues identified had already been actioned by the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments and guidance to manage these risks were in place. A small number had not been reviewed in the last month. The clinical lead said additional support was being provided for some nurses who were relatively new to writing and reviewing care plans. Support staff knew people's needs.
- Equipment was regularly checked and serviced in line with legal guidelines. A senior support worker was the designated moving and handling champion. They trained staff in moving and handling and visually checked the hoists and slings.
- Fire drills had not been held regularly. A fire risk assessment from 2019 had recommended fire drills were completed, but this had only been arranged immediately prior to our inspection. The registered manager told us they planned to hold monthly fire drills, including at night, to ensure all members of staff were familiar with the evacuation plan. All other recommendations from the fire risk assessment, and a fire service visit in 2022, had been actioned.

We recommend the provider follows current best practice guidance for undertaking regular fire drills

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.

Staffing and recruitment

- There were enough staff to meet people's needs. At the time of our inspection the number of people living at Bradley House had reduced. The staffing levels had remained the same. Relatives said there were always staff around when they visited. A relative said, "There are plenty of staff around and I can relax knowing that they are safe."
- Staff feedback was that the current staffing levels were okay. They said that when more people had been living at the home, some days had been very busy due to people's complex needs and some people needing 3 or 4 staff to support them with their personal care. The registered manager explained the number of staff on each shift would increase as and when more people moved in.
- Staff were safely recruited, with all pre-employment checks completed prior to the new member of staff starting work. The application form asked for the person's last 3 employers. Regulations state a full employment history should be recorded. We discussed this with the registered manager, who said they would amend the application form and follow up any gaps in people's employment history during the candidate's interview.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how to report and record any concerns, incidents or accidents. Incidents were reviewed, and risk assessments updated where appropriate. We saw a sensor mat had been introduced for one person after they had had a fall in their bedroom. This would alert staff when they were getting out of bed so they could provide assistance.
- Staff had completed training in safeguarding vulnerable adults.
- Relatives thought people were safe living at Bradley House. A relative said, "When I get home after visiting [name] it is piece of mind that I know they are in safe hands, which is comforting."

Preventing and controlling infection

- The home was clean throughout. A relative said, "The home is always clean and there's no unpleasant smells."
- The local authority infection control team visited Bradley House during our inspection. They said they were happy with the home and actions identified during their previous visit had been completed.
- We were assured that the provider was admitting people safely to the service. Staff used PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.
- The visiting policy followed current government advice.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A quality assurance system was in place. The clinical lead and nurses completed a range of monthly audits, including medicines, incidents, monitoring people's weights and care plans. Any issues identified had been actioned.
- Recommendations made by external bodies had been implemented, for example the infection control team and fire service inspections.
- We discussed the audits with the clinical lead. One person did not have a care plan audit on the electronic planning system. The clinical lead said they would ensure this was created. We also discussed how some audits could be made more robust. The clinical lead implemented the changes immediately following the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were positive about the care and support provided by the staff at Bradley House. They felt the staff were kind, caring and were able to meet the needs of people living with dementia. A relative said, "Bradley House is homely, and I have a good rapport with the staff. They know [name] really well and can handle their complex issues and behaviours."
- There was a stable staff team at Bradley House, with a lot of staff having worked there for many years. Staff said they enjoyed working at the service. However, some staff reported they did not feel fully supported by the management team following incidents of behaviour that challenged the service. Staff were able to swap to support different people, but the management team did not have a debrief or ask how they were following an incident. We discussed this with the management team, who said they would look to have a debrief with staff following an incident.
- A daily 'huddle' meeting had recently started being held. A member of each team (senior care staff, nurse, catering and domestic) met to provide an update on their area and any changes, appointments or issues for that day. Daily handovers were also held to ensure care staff knew about any changes in people's support needs and wellbeing. Staff supervision meetings had not routinely been held. A plan was in place to make these more regular.
- Relatives said communication with the home was good and they were kept informed of any changes in their relative's wellbeing or health. A relative said, "Communication is very good. I know the manager, office staff and the nurse and have felt involved from day 1. The door is always open, and I feel I could talk to them

if I have any concerns."

- A relative's survey had been completed in December 2022. The feedback had been collated and was positive. An action plan had been written to follow up any issues that had been raised through the survey.

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

- Bradley House had a complaints procedure in place. We saw complaints were responded to appropriately, with a response provided to the complainant.
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

Working in partnership with others

- The home worked well with a range of professionals and made appropriate referrals to dietitians, speech and language team (SALT), physiotherapy and psychiatry. A GP we spoke with was complimentary about the support provided by Bradley House. They said the home called them appropriately and followed any guidance provided.
- Members of the local church visited people living at Bradley House and a volunteer visited the home to read with people.