Methodist Homes

Bradbury Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 14 and 15 November 2018 and was unannounced.

Bradbury Grange 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. Bradbury Grange can accommodate 50 people. At the time of our inspection there were 50 people living at the service.

Accommodation is spread over two floors in a large detached property. On each floor there was a large communal lounge and dining room where people could choose to spend their time.

There was no registered manager in post at the time of our inspection. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed in September 2018, they told us they planned to submit an application to register with CQC.

We last inspected the service in March 2017 and the service was rated Good overall. During this inspection we found two breaches of Regulation and the service is no longer rated Good.

Recruitment processes were not sufficiently robust to ensure that people were supported by staff that were recruited safely. The area manager and manager had identified this prior to our inspection and were taking steps to make sure that recruitment processes were robust before any further recruitment took place.

Potential risks to people's health and welfare had been assessed, however there was not consistent, clear guidance for staff to follow to mitigate the risk and keep people safe. The manager had identified this and was undertaking a review of each person's care files.

Accidents and incidents had been recorded and analysed to identify patterns and trends, action had been taken to reduce the risk of them happening again. Checks had been completed on the environment and equipment to make sure it was safe.

People's medicines were managed safely. Systems were in place to make sure people received their medicines and these were effective. Medicine records were accurate.

Care plans contained guidance about people's choices and preferences. Care plans were reviewed regularly and with people where they were able or their representative. People were supported to remain comfortable at the end of their lives.

Staff met with people before they moved to the service to make sure that staff could meet their needs. Staff monitored people's health and referred them to healthcare professionals when their needs changed. Staff followed the guidance given by health professionals to keep people as healthy as possible. People had access to professionals such as a dentist and optician. People were encouraged to lead as healthy lifestyle as possible, for example moving in their chair or bed. People had a choice of meals and were supported to eat a balanced diet.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible, the policies and systems in place supported this practice.

People were supported to be as independent as possible and where possible were involved in developing their care and support. People had access to activities they enjoyed and these reflected their interests. People were treated with kindness, staff respected people's dignity and privacy. People were relaxed in the company of staff and staff understood how to support people when they were anxious.

People were protected from harm and abuse. Staff knew how to recognise signs of abuse and how to report any concerns. Staff were confident that the manager would deal with their concerns appropriately. The manager would deal with concerns to the local safeguarding authority and followed the guidance given.

There were enough staff to meet people's needs. Staff had received supervision and appraisal to discuss their development and training needs. New staff received an induction, staff received training appropriate to their role and staff competency was checked.

There was an open culture within the service, people and staff told us the management team was approachable. The provider had a complaints policy, this was displayed in the main reception, complaints that had been received were recorded and investigated following the policy.

People, staff and relatives were asked their opinions about the service and the feedback was positive. Checks and audits to measure the quality of the service had been completed. When shortfalls had been identified, an action plan was put in place and signed off when completed. Records such as care plans were accurate and reflected the care being given.

The registered manager worked with other agencies such as the clinical commissioning group to improve the care that people receive. The management team attended local forums and training to continuously improve the quality of the service.

The service was clean and odour free, staff used gloves and aprons when needed to reduce the risk of infection. The building had been adapted to meet people's needs.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. That is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Recruitment processes were not entirely robust.

Potential risks to people's health, safety and welfare had been assessed. However, there was not consistent, detailed guidance for staff to follow to mitigate the risk.

There were sufficient staff on duty to meet people's needs, supported by a team of volunteers.

People were protected from abuse, staff understood their responsibility to report any concerns.

Medicines were managed safely and people received their medicines as prescribed.

The building was clean and odour free. Staff used gloves and aprons when required, to reduce the risk of infection.

Accidents and incidents were recorded and analysed. Action was taken to reduce the risk of them happening again.

Is the service effective?

Good

The service was effective.

People's needs were assessed to make sure that staff could meet their needs. Care was developed in line with current guidance.

Staff received training appropriate to their role. Staff received supervision and appraisal to develop their skills.

People were supported to eat a balanced diet and maintain as healthy lifestyle as possible.

People were referred to specialist healthcare professionals and staff followed their guidance to keep people as healthy as possible.

The building had been adapted to meet people's needs.

Staff were working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and were given support when they were anxious.

People were supported to express their views about their care.

People's dignity and privacy were respected. People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans contained details about people's choices and preferences and were reviewed regularly.

People were supported to take part in a range of activities they enjoyed.

People were supported at the end of their lives.

Complaints were recorded and investigated following the provider's policy.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A new manager had been appointed in September 2018, they had not yet applied to register with the CQC. This is a condition of the provider's registration. The manager understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the management.

There was an open culture in the service, focused on improving the service for people.

Checks and audits had been completed. When shortfalls had been identified, action had been taken to rectify the shortfall and

drive improvement.

People, relatives and staff were given the opportunity to express their views about the service.

The service worked with other agencies to improve people's experience.

Bradbury Grange

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 14 and 15 November 2018 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert-by-experience on the first day. The expert-by-experience had personal understanding of older people and those living with dementia. On the second day there were two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 13 people who lived at Bradbury Grange and observed their care, including the lunchtime meal, medicine administration and activities. 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. We spoke with nine people's relatives throughout both days. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with five care staff, a senior, kitchen staff, the maintenance person, the deputy manager, the manager and area manager. We also spoke with two visiting healthcare professionals.

During the inspection we reviewed eight people's care plans and associated records. We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed posters in the communal areas of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any further feedback.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Bradbury Grange. Comments included, "Staff are frequently coming in and checking on us which makes me feel safe" and "my room is a good size, uncluttered and nicely laid out which make me feel safer because it reduces the risk of me falling over." A relative told us, "My mum feels safe here. It's the fact that she is able to ask for help, she can step outside her room, they know her by name and can reassure her."

People were not protected by robust recruitment procedures. We looked at five staff files and found employment check gaps in two files which had not been explored further. Two staff's references had not been followed up when information had not been satisfactory. One staff member did not have any reference checks and another staff member's references were not dated, so it was not possible to see if they had started work before references had been received. Two staff had started working at the service before their Disclosure and Barring Service (DBS) checks had been received and there was no recorded information to say they had obtained Adult first checks. The DBS and Adult first check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider could not demonstrate how they assessed the suitability of staff, this left people at risk of harm because the appropriate checks to ensure staff were suitable for their role had not been made.

The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortfalls in recruitment procedures had recently been identified in an audit completed by the area manager, and on the day of our inspection they were due to be at a management meeting where they planned to review the shortfalls and how to overcome these as an organisation.

People were protected from the risk of abuse. Staff had received training in safeguarding and showed a good understanding of their role to keep people safe. Staff told us they were confident to share concerns about people with management, and that managers would take appropriate action. The provider had a safeguarding process in place, which signposted staff on how to raise concerns and who concerns could be shared with. Safeguarding alerts had been made appropriately to the local authority. We reviewed safeguarding outcomes and saw the service had used these events to review processes and improve the service through action plans.

Potential risks to people's health and welfare had not always been assessed and there was not sufficient guidance for staff to mitigate the risks and keep people safe. Some people were living with health conditions such as epilepsy and diabetes. There was some guidance for staff, however it did not contain clear direction about how to recognise the signs and symptoms when people were unwell and the action to take. Staff were able to clearly tell us how they supported people and the signs and symptoms they would look for. The manager told us they had identified this during a recent audit and was working with the deputy manager to review each person's care records. Ensuring clear guidance is available for staff is an area for improvement.

When people required assistance to move around the service, there was guidance for staff about what equipment to use and how to support the person safely. When people were at risk of developing pressure sores specialist equipment was used. There was guidance for staff about how to use the equipment safely to keep people's skin as healthy as possible.

We reviewed accident and incident records and found that when something went wrong staff appropriately documented the incident. Accidents and incidents were then investigated and tracked by the manager, and reviewed by the area manager. However, action taken as a result of falls was not always consistent. For example, staff told us one person had been referred to the falls clinic following three falls. We reviewed their documentation, and found post falls monitoring to have been implemented on five occasions. The person's notes demonstrated they had been visited by the GP following a fall, but there was no evidence the person had been referred to the falls clinic. We discussed this with the area manager who assured us they would follow this up and ensure the correct referral was made without delay.

People received their medicines as prescribed and when they needed them. Some people were prescribed medicines on an 'as and when' basis such as medicines for pain relief. There was guidance for staff about when to give the medicines, how often and the maximum dose allowed. Temperatures in the medicines room and fridge were recorded each day to make sure that they were stored at the correct temperature to remain effective.

Staff competency to administer medicines had been assessed regularly to keep people safe. Instructions that had been handwritten on medicine administration records charts were signed by two staff to confirm the instruction was correct. Records of medicines given by staff were accurately completed.

Most creams, ointments and liquid medicines had been dated when first opened, however some had not. This is important so that staff would recognise when they needed to be disposed of. This is an area for improvement.

There were sufficient staff on duty to meet people's needs, the manager had used a dependency tool to calculate the number of staff required to meet people's needs. When we arrived at the service, people who wanted to be up were. During the day there were five care staff on each floor, along with activities staff, a deputy manager, the manager and a number of ancillary staff. We were told there was a number of staff vacancies that were being recruited to. Agency staff were used to cover gaps in the rota, such as vacancies, sickness and annual leave. We were told that to help with consistent care, regular agency staff were requested where possible. This helped to ensure that agency staff knew people well and people received consistent care. A relative told us, "The regular staff are absolutely fabulous, so many of them have stayed a long time, they are terrific."

A team of volunteers also supported the service. They told us they spent time with people, supporting them to take part in activities, organising events and fundraising. It was evident that the volunteers were valued by people, staff and relatives.

Risks to the environment had been assessed and minimised. The provider employed a maintenance person who was responsible for completing regular health and safety checks on the service. These were reviewed by the manager and area manager. Checks included a visual inspection of the area to ensure it was free from trip hazards, as well as ensuring gas and electric certificates were up to date. These checks enabled people to live in a safe and suitably maintained environment. The fire risk assessment was effective and up to date. Fire drills were happening regularly and staff had been trained in fire safety. Actions for improvements for the next fire drills had been noted, for example on one occasion the position of the domestic trolley

prevented the fire doors from closing. A meeting was held with the housekeepers to discuss the importance of ensuring fire doors were not blocked, and we were informed it had not been an issue since. One person told us "The most helpful person of all is the maintenance person, they help out with everything. They do all the little repairs like putting pictures up. They talk to everyone wherever they are. Nothing is too much trouble for them. They always go the extra mile."

The service was clean, without odour and well maintained. Records showed staff checked on the cleanliness of the service regularly. Staff told us they had sufficient access to personal protective equipment (PPE) and we observed staff using this appropriately. There were disposable gloves, aprons and hand sanitiser available for staff. There was toilet paper, paper hand towels and bins available in toilets and bathrooms. People told us the service was well maintained. One relative told us "The housekeeping is great. She keeps it immaculately clean."

Good

Is the service effective?

Our findings

People and relatives told us they thought the care and support they received met their needs. One person told us, "They pay good attention to our health. The staff know us well. A visitor commented, "My friend speaks very highly of the food, they cater for special diets. It always smells nice, it's so roomy, its lovely with the garden."

New staff completed the providers induction process. This involved completing a range of training programmes, whilst working through an induction booklet. Each new staff was assigned a mentor to support them in their induction and training, alongside the manager. Staff told us during induction they were given the time to get to know people and read their care plans. Staff that did not have a qualification in care completed the care certificate.

Each new agency staff member working at the service had an agency worker placement checklist. This gave the provider reassurance the agency worker had received the appropriate training and pre- employment checks before working at the service. Agency staff received an induction for working at Bradbury Grange, completed with the senior carer. The induction included a tour of the service, and a comprehensive checklist to ensure the agency worker received a full induction. Topics covered on the induction involved reviewing emergency procedures at the service, reviewing the providers values and infection control policies.

The manager had a schedule of supervisions and appraisals they were implementing, and told us they wanted to get to know staff before starting this. In the meantime, the manager checked on staff competency by working alongside staff, and offering support and mentoring.

Staff told us they received training appropriate to their role. We viewed the providers training matrix, this showed that staff received a mixture of face to face and online training, which included first aid, fire safety, moving and handling, health and safety, person-centred care, equality and diversity, mental capacity and safeguarding. Staff were scheduled for training courses appropriately via the provider's online system. Staff received additional training aimed at meeting people's specific needs such as dementia care, falls management, skin integrity, diabetes, dignity, behaviours that challenge and end of life care.

People met with staff before they moved into the service to check that staff could meet their needs. The assessment included all aspects of the person's health and welfare including their sexuality, cultural and spiritual needs. Staff told us that they would discuss with people about their preferences and if the service could not meet their needs they would not be admitted to the service. The assessment was used as a basis to the person's care plan.

People's clinical and support needs were assessed using recognised tools following the guidelines from the National Institute for Health and Care Excellence. These included nutrition, skin integrity and dependency. People's care was designed following the guidelines from the assessment such as when people were at risk of losing weight, monitoring was put in place.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People were supported to make decisions about their daily lives including how they spent their time and what they had to eat. Staff told us that if people were unable to make simple decisions, they would use what they knew about their likes and dislikes to decide. People were encouraged to be involved in making complex decisions about their care and their decisions were respected. People's capacity was assessed following correct processes. When decisions had been made in people's best interests these were recorded and involved staff, relatives and professionals that knew the person well.

People had been assessed and DoLS applications had been made as appropriate. Some people had DoLS authorised and where conditions were in place, these had been incorporated into their care plan. There was a system in place to ensure that when the DoLS authorisations were due to end, staff applied for them in a timely manner.

Staff monitored people's health and referred them to healthcare professionals such as their GP, when required. People's weight was monitored monthly, when people lost weight they were given a fortified diet with higher calories and fat content and referred to the dietician. Some people had difficulty with their swallow, they had been referred to the speech and language therapist for assessment. Staff followed the guidance given by the professionals, we observed people being given thickened fluids to keep them safe.

People had access to health professionals, such as the chiropodist, dentist and optician when needed. People were supported to attend hospital appointments and raise concerns they have about their health. Staff encouraged people to be as active as possible. When people could walk, staff supported them to walk as much as possible. We observed people enjoying walks around the gardens, both independently and with staff or relatives. The provider employed a reflexologist that was at the service regularly to support people. A visiting healthcare professional told us, "We get a lot of referrals, I think it's a good thing. They tell us if they are worried and we come out and check. They [staff] seem quite proactive."

People were encouraged to eat a balanced diet. The kitchen staff were aware of people's dietary requirements including pureed and vegetarian diets. People had a choice of meals, if people did not want what was offered they could choose an alternative. We observed the lunchtime meal, most people chose to eat in the dining room, whilst others preferred to eat in their own rooms. Staff served individuals choice of meal from a hot trolley. Staff supported people with their meals when required, giving people time to enjoy their meals. People were encouraged to eat independently using equipment such as specialist cutlery and plate guards.

Bradbury Grange had been adapted to meet the needs of people living there. Corridors were sufficiently wide for wheelchair access, and there was accessible outside space for those who enjoyed sitting in the garden. There was pictorial signage around the service to support people who may forget the use of a room,

such as a toilet or dining area. People's rooms had memory or rummage boxes outside them to support people living with dementia to identify their room. (The rummage box can be used as an activity, as a distraction technique and therapeutically as a reminiscence tool). People's rooms were personalised and individual, with photographs and personal possessions.

Good

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. One person told us, "Staff knock on the door before they come in, they greet you and ask how you would like to be assisted, I feel human when my opinion matters." We observed staff knock on people's doors and wait to be invited in and people were smartly dressed when they came to the communal lounge.

There was a relaxed atmosphere between people and staff, people responded to staff by smiling, laughing and chatting. Staff made sure that people could understand them, using pictures and cards when required. Staff knew people well and their preferences. Staff described how they supported people's wellbeing such as supporting them to continue their spiritual and cultural needs.

Relatives told us how staff had supported their loved one when their needs changed. A relative told us, "My husband can no longer go to the lounge to enjoy the music, the activities worker told me not to worry, they arranged days to come up and play music to him. He loves classical music and you see how his face lights up, he could not talk but his face tells it all." We observed staff offering reassurance to people as they moved around the service. When people were anxious in their wheelchair, staff talked to them constantly, telling them what was happening and touching their shoulder. The approach was effective in keeping people calm.

People were supported to be as independent as possible with their personal care and meals. People had specialist equipment such as plate guards and cutlery to enable them to eat independently.

People were assisted discreetly with their personal care needs in a way that respected their dignity. A privacy screen was used to preserve people's dignity in the lounge when lifting equipment was used to help them move around. Staff locked doors when helping people with personal care and people told us they were respectful, taking care to cover them when necessary. People told us they were always given the choice of having their doors open or closed.

People's preferences and needs had been taken into consideration. Within people's care records there had been consideration to any additional support that might need to be made to ensure that people's rights under the Equality Act 2010 were fully respected. This was based on staff understanding who was important to the person, their life history, their cultural background, life choices and sexual orientation. An example of this was the manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

People were supported to maintain relationships that were important to them, relatives and friends could visit when they wanted. People were supported when able to be part of planning their care, people signed their care plans to say they had been involved in the plans development. When people could not be involved, friends and relatives were involved to tell staff about people's choices and preferences.

People's rooms had been personalised with pictures and photos, people told us their rooms were homely. People's confidential records were kept securely.

Good

Is the service responsive?

Our findings

People told us they felt the care and support they received was responsive to their needs and that they enjoyed the social events. Comments included, "There is a lot of entertainment for us including: keep fit, bible fellowship, arts and crafts, various games, films and singing. We even have a weekly visit of four year olds" and "I watch the television in my room, watch the film show once a week, listen to the piano recital and take part in the arts and crafts. They also organise excursions for us." A relative told us, "I like the amount of activities and particularly like the singing and visits by young children."

Each person had a care plan that contained details about individual choices and preferences such as when they liked to get up and go to bed, or favourite food types. Staff had guidance about specialist equipment people used such as chairs to enable them to sit up comfortably. Staff described what people's preferences were and how they were met, making sure people had as much choice and control as possible. Care plans clearly detailed people's cultural needs as well as their care and support needs. People's abilities were described, so that staff understood what people could do for themselves, such as washing their face or putting their hands in soapy water. Staff knew how to support people to maintain as many skills as possible. Care plans and people's health were reviewed monthly or more frequently if needed and changes were shared with the staff team.

People were supported at the end of their lives. People were asked about their end of life wishes and these were recorded. People's preferences were used to develop people's end of life care plans, and there were details about how staff should support people to ensure their preferences were met.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We were told that the home was planning to invest in a ceiling based light projector that, projects games and images onto a table and was designed to provide sensory stimulation for people who were living with dementia.

People were supported to take part in activities they enjoyed. Activities were arranged in the communal lounge or in people's rooms. Entertainers came in from the community, people told us, they enjoyed the music and singing along. The activities worker told us how they used music and singing to engage people and the difference they had seen in people's communication when they were singing. During our inspection people took part in a variety of group activities including armchair exercises, a carol singing group and craft activities. People also received one to one support either in the main lounges or in their bedrooms to take part in activities such as jigsaw puzzles or reading. People were also offered reflexology sessions in their own rooms by the services reflexologist. There was a hairdressing salon at the service that people could visit to have their hair done. A member of staff told us, "Because we are a church charity we get lots of volunteers come in who stimulate the residents. We also pay for things like reflexology and we have a regular Chaplin. We accept people of all and no faiths."

The large group of regular volunteers supported people to take part in the group activities, spent time with

people on a one to one basis and arranged excursions such as to the seaside or theatre. One volunteer told us about the upcoming Christmas fayre. People told us they were looking forward to this event.

Complaints and concerns had been documented clearly, and used as an opportunity to improve the service. There was a complaints policy in place which set out the process for people to complain, and who they could contact if they were unhappy with the complaint outcome. The complaints process was visible in the service, and people and their relatives told us they knew how to raise concerns. Staff encouraged people to discuss any concerns or complaints during resident meetings. One relative told us, "Concerns are always taken seriously. I feel comfortable being able to raise questions, and ask for guidance." Complaints and concerns were logged and responded to appropriately. Meetings had been booked with people to discuss and resolve concerns, following investigations into the issues raised. The area manager was responsible for reviewing concerns. The area manager then signed off the complaints to confirm they were satisfied with the outcome, and in some cases contacted people to check they were happy with the outcome. All the complaints we reviewed had been responded to in a timely manner and resolved.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt the service was well run and they were happy living at Bradbury Grange. Comments included, "I moved from another home and would recommend it here. There is lots of entertainment. We are very well looked after and there are a lot of volunteers" and "It feels well run; the staff know what they're doing." We also received complimentary comments from relatives; "The staff, the managers; they all care" and "We are asked if we are happy with things; how they are being done."

At the time of our inspection there was not a registered manager in post. A new manager had been recruited in September 2018 and told us they planned to apply to become registered. A condition of the provider's registration is to have a registered manager in post. The failure to have a registered manager in post is a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person commented, "There's been a lack of organisation at the top because the home manager left." One member of staff told us, "It's okay at moment, only known [the manager] for a few weeks; seems friendly and experienced. Seems to have a lot of ideas which I'm looking forward to." People told us they had confidence in the area manager, "always asks us if there are any problems. If we ask, they get it done." There were systems and processes to help care staff to be clear about their responsibilities. This included there being two senior care staff who led each shift.

There was an open culture within the service. Staff told us that the provider visited the service regularly and discussed any concerns they had. People and staff told us that the management team were approachable and supportive. We observed relatives chatting to the manager and senior staff. One relative told us, "The service is well led, I can talk to the staff when I need to."

The manager and senior staff completed a range of checks and audits on the service. Regular health and safety and infection control audits were completed and any actions that were identified were completed and signed off. Regular checks on medicines were completed and the manager sampled and checked people's care plans to ensure they contained the necessary level of detail. Audits by the provider's quality team and head office staff gave additional scrutiny and led to action plans for improvement. Names of people responsible for actions and timescales were added to any action plans for improvement. Accidents, incidents and complaints were reviewed by the manager and by staff at the provider's head office to check if any patterns were emerging. These were used for learning and improving the service; for example, the audit on recruitment files had identified shortfalls and as a result, a meeting had been planned to discuss what steps to take. In the interim, processes had been changed to ensure systems were robust going forward. The manager told us they would be signing off each recruitment file for new staff to be certain that the correct documentation was in place.

The provider had a mission; "to improve the quality of life for older people, inspired by Christian concern." The service was open to older people irrespective of their beliefs, and people were supported to develop and practise their faith as they wished. People, relatives and staff confirmed this. The provider's values included; 'respect every person as a unique individual'; 'treat others with the dignity we wish for ourselves'

and 'to promote a fulfilled life.' During the inspection we saw that these values were put into practice.

People and their loved ones were involved in the service; regular feedback was sought from the provider. An annual survey had been completed by 24 residents living at Bradbury Grange. The results of the survey were displayed within the service, and an action plan was created to address any issues highlighted. For example, some people had mentioned they did not often liaise with the management team or feel they had access to them. As a result, the manager completed a daily walk around to make themselves more accessible to people living at Bradbury Grange.

During the last resident and relatives meeting, staff spoke with people and their loved ones about their understanding of dementia. A support group was created to support relatives of people living with dementia as requested by them. The last meeting also documented relatives were very happy with the information they received from staff regarding their loved ones. A relative told us, "At the monthly relatives meeting, which are very good, it was mentioned about a relative's support group; I think it would be a good idea. The idea of having key carers was also raised."

Staff opinion was sought with regular meetings and through an annual quality assurance survey. The provider produced analysis of the survey, and a meeting was held with staff to discuss the findings. Staff had requested fresh fruit be available for themselves, and we saw this was now being delivered weekly. Staff were involved in creating the rota and shift patterns. Staff told us the rota created a better work life balance.

At the time of our inspection, the provider was not seeking feedback from healthcare providers. However, the area manager informed us that they spoke with healthcare professionals during visits and received verbal feedback about the service. Where a more in-depth conversation was needed, the area manager organised a meeting with a healthcare professional to discuss their feedback, and work on an improved solution to move forward.

The service worked with other agencies including the local safeguarding authority and clinical commissioning group. A health professional told us, that there had been improvements in the record keeping and their interaction with staff. The management team attended local forums and managers meetings to keep up to date with developments.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The area manager and manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the main reception and on their website.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers The failure to have a registered manager in post is a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.