

Dryband One Limited

# Bradley House Care Home

## Inspection report

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Date of inspection visit:  
04 December 2023  
05 December 2023

Date of publication:  
14 December 2023

### 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

Bradley House Care Home is a residential care home providing accommodation and personal care for up to 48 older people and younger adults, including people living with dementia. At the time of our inspection 46 people were living at the service.

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

Quality monitoring systems allowed for the effective monitoring of the service by the provider, however action plans were not always revisited. We have made a recommendation about this.

Medicine practices were not always in line with best practice guidelines. We have made a recommendation about this.

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.

People had support from safely recruited staff and there were enough staff on duty. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. Staff continued to receive guidance and support from management when required.

People and staff spoke positively about the management of the service. There was a positive, caring culture within the service and people were treated with dignity and respect. People were happy with the care they received, they felt safe and well looked after. People felt consulted about their wishes and they knew how to make a complaint if they wished to.

Risks to people had been assessed. People accessed specialist health and social care support where appropriate. Safety checks of the premises and equipment were not always routinely carried out.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the registered manager worked in partnership with stakeholders. We found the registered manager to be open and responsive to feedback.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 9 November 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

#### 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.

# Bradley House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bradley House Care Home 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 Care Home is a care home without 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.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 14 people who used the service and 2 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, administrator, maintenance team, senior care staff and care staff.

We reviewed a range of records. This included 4 people's care records and numerous medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

# 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

- People's medicines were mostly managed safely. However, storage of medicines was limited which posed a risk of medicines being administered to the wrong person. The registered manager took immediate action to address the safe storage of medicines.
- Instructions for medicines which should be given at specific times were not always available. However, staff were aware of people's medication needs and medicines were given at the correct times. The registered manager took immediate action to address the recording shortfall.
- Recording systems for prescribed patches and use of topical creams and ointments was incomplete. A system was implemented on the day of the inspection.
- Temperature records were in place. However, these were not completed in accordance with national guidance for medicines requiring refrigeration. The registered manager took immediate action to address the recording shortfall.
- Some medicine records were not updated or in place for additional safety considerations. For example, individual risk assessments for paraffin-based products and specific instructions. The provider gave assurances this would be addressed immediately.

We recommend the provider reviews best practice guidance relating to the safe management of medicines.

- Staff were trained and supported in their role to administer medicines.
- The registered manager was responsive to our feedback and implemented an action plan to address the concerns identified.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been appropriately assessed to make sure staff could work safely with people and manage the risks that were present in their lives. This included risks around the environment, medicines, mobility and infection control.
- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support the monitoring and analysing of accidents, incidents or falls. Information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and began making improvements in this area.
- Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and staff had a good understanding of how to raise safeguarding concerns and who this information should be shared with. Staff had received safeguarding training and the provider had developed good relationships with safeguarding partners.
- People told us they felt safe at the service. One person said, "To be here, have many people to chat with and feel safe is wonderful." A relative said, "The kindness is so genuine I feel comfortable leaving my relative."
- Staff had a good understanding of the provider's expectations relating to safeguarding. One staff member said, "If we see anything at all we are concerned about, we report it."

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.
- People's mental capacity was assessed and best interest meetings had taken place to ensure decisions made were appropriate and the least restrictive.

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.
- Staffing levels were sufficient to meet the needs of people living at the service. We reviewed staff rota's and people's assessed dependency for when they required support. We found staffing levels matched people's assessed needs. Additionally, the registered manager advised if more staff were needed for any reason, this could be added with provider approval.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.



### Visiting in care homes

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Where improvements to the service had been identified through quality auditing, action was not always revisited and signed off.

We recommend the provider reviews their system and process for signing off actions identified through quality audit monitoring.

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider supported the registered manager through regular visits and meetings to continuously develop their own knowledge and skills.
- The provider had met regulatory requirements. CQC and the local authority safeguarding team had been notified appropriately of all incidents.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. Staff described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice. One person said, "This is home from home with all the lovely residents and staff."
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "I have no concerns in respect of [registered manager], the home, staffing or resident care."

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

- The provider was committed to providing good quality care to people.

- Staff told us they felt listened to and that the manager was approachable. A staff member said, "There is an open door policy and [manager's name] is easy to talk to, she is so supportive."
- The provider and registered manager were clear of their role and responsibilities to be open, honest and apologise if things went wrong

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

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings. Staff said, "Meetings are useful, we are able to make suggestions and we can approach her with anything."
- Systems were in place to capture people's views and feedback. A relative told us "[Registered manager] and the staff could not do anything better than what they do now, they are fantastic."

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs and a range of therapists.