

Holy Cross Care Homes Limited

# Bradeney House Nursing & Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

The inspection took place on 15 May 2015 and was unannounced.

At our last inspection on 15 and 16 September 2014 we asked the provider to take action to make improvements to protect people who lived at the home. The provider was not meeting four Regulations of the Health and Social Care Act 2008. These were in relation to people's care and welfare, cleanliness and infection control,

staffing and supporting workers. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. We found that the actions required had been completed and these Regulations were now met.

Bradeney House Nursing and Care Home is a care home that is registered to provide personal and nursing care for up to 101 people. Care and support is provided to people

# Summary of findings

with dementia, nursing and personal care needs. Bedrooms, bathrooms and toilets are situated over three floors with stair and passenger lift access to each of them. People have use of communal areas including lounges, conservatory and dining rooms. A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were caring and respectful towards people with consideration for people's individual needs when chatting with people. Whilst we saw positive communications we also saw some occasions where this could have been better to show staff had been thoughtful and respectful to people who needed their support in order to express their feelings.

Although staff were knowledgeable about people's needs and how to meet those needs care records did not always reflect the care people received. This included supporting people with their skin care needs so that care provided promoted people's sore skin to heal. Staff did not always show they were thoughtful when responding to people's needs so that people received support which was centred on them.

People and their relatives told us that they felt safe and staff treated them well. Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. Staff practices in infection control and prevention had improved as equipment was clean and hygienic which protected people from the risk of cross infections.

People and their relatives did not raise any concerns about how their medicines were administered and managed. People's medicines were stored securely and available at times when they needed these. Staff had the knowledge to support people with taking their medicines and checks were in place so that people could be assured of receiving their medicines as prescribed.

People told us there were sufficient staff on duty who knew how to meet their needs and keep people as safe as possible. This was an improvement made by the provider

since our last inspection. Staff had received the training they needed to fulfil their roles and felt supported by the registered manager. All new staff had been checked for their suitability to work at the home.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well.

People's care and support needs were met by staff in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty the registered manager had made applications to the supervisory body. These actions made sure people's liberty was not being unlawfully restricted.

People told us they were supported to access health and social care services to maintain and promote their health and well-being which had not always been the case at our previous inspection. This included when people needed support to meet their dietary and hydration needs so that people remained healthy and well.

Staff offered people the opportunity to have fun and interesting things to do. People's right to private space and time to be alone with their relatives and friends was accepted and respected.

People knew how to make a complaint and felt able to speak with the staff or the registered manager about any issues they wanted to raise. People were encouraged to give their views and experiences of the home through meetings but the provider had also considered other ways of gaining people's views through advocacy support.

There was evidence that the leadership team was looking at ways of enhancing the quality of life of people who lived at the home. This included the décor of the environment to make it more stimulating and interesting for people and plans for people with dementia to have a larger lounge space.

# Summary of findings

People felt that the management team were approachable and visitors to the home felt that the environment was friendly and welcoming. Staff understood their roles and responsibilities and felt that they were supported by the management team.

People benefited from living in a home where quality checks were completed on different aspects of the service to drive through improvements. The leadership team were open and responsive to making further improvements so that people consistently received good standards of care and treatment.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt there were sufficient staff available to meet their needs and the support they received helped them to feel safe.

People were protected from harm because staff had received training to increase their knowledge and were confident to speak out if they observed poor or abusive practice.

People's prescribed medicines were available when they needed these and administered by staff who had the knowledge to do this safely.

When people needed equipment to meet their needs this was clean and hygienic so that they were not at risk of cross infections.

Good



### Is the service effective?

The service was effective.

People were happy with the health care they received and felt that they were cared for and supported by staff who had the knowledge to do this.

People were supported to make their own decisions and to consent to their care and treatment. Where people lacked capacity decisions were made in their best interests and only by people who had suitable authority to do so.

People had a choice of what to eat and liked the food provided.

Good



### Is the service caring?

The service was not consistently caring.

People told us that staff were kind and caring and treated them respectfully. However, at times communication could be better so that people's needs were thoughtfully respected and supported in a caring way.

People were involved in their own care as staff offered them choice and provided care based on people's own preferences.

People's right to spend time alone and be as independent as possible in their lives as much as possible was encouraged.

Requires Improvement



### Is the service responsive?

The service was not consistently responsive.

People's individual needs were not always thoughtfully responded to and met. Monitoring records were not consistently used to reflect the changes in people's skin care needs.

Requires Improvement



# Summary of findings

People were happy with the support they received to follow their pastimes and interests.

People and their relatives felt that their complaints were listened and responded to although some people felt that they did not know how their complaints had been used to make improvements to the service.

## Is the service well-led?

The service was well led.

The involvement of people who lived at the home and staff in the running of the service had been encouraged and promoted by the leadership team.

People benefited from a leadership team who checked the quality of the care people received and were continually looking at how they could provide better care for people.

Good



# Bradeney House Nursing & 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 15 May 2015 and was unannounced. The inspection team consisted of five inspectors, an inspection manager, a specialist advisor in nursing care for people with mental health needs including dementia 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.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke with 12 people who lived at the home, 10 visitors, the provider, the registered manager, 21 staff members which included the chef and staff responsible for activities. We spent time observing care in the communal areas of the home. We also 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 looked at 14 people's care records which related to consent, medicines and assessments of people's needs and identified risks in some aspects of their care. We also looked at the daily recording made by staff for four people together with other records and documentation which included menus, three staff recruitment records,

The registered manager also sent us further information which included the audits they had carried out to check the standards of the services people received. This information was used to support our judgment.

# Is the service safe?

## Our findings

At our previous inspection people and their relatives spoken with told us there were not always enough staff to meet people's needs. The provider was also unable to show us that sufficient staffing levels were provided so that people could be confident they would consistently receive care and support when they needed it. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1 April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in Regulation was met.

People we spoke with including relatives did not raise any issues or concerns about the availability of staff to meet people's individual needs. One person told us, "They (staff) are there when I need them and that is all that matters." A relative told us, "Staff are always around when he needs them, you can see he is looked after well."

Staff also told us that most of the time there was adequate staff and if staff were away the registered manager always tried to cover shifts. A staff member told us, "People are safe here we are offered extra shifts when staff are off sick." Another staff member said, "There is enough staff, definitely." The provider told us that they had a system in place for determining staffing levels and this was based on people's individual needs. We saw staff were busy but supported people so that their health and safety were not placed at risk. For example, when people needed assistance to walk safely staff noticed this and supported people to make sure they were not left at risk of falling.

Our previous inspection found that the provider had not protected people against the risks associated with cleanliness and infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1 April 2015 corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in Regulation was met.

People spoken with and their relatives did not raise any issues or concerns about the standards of hygiene and cleanliness. A relative told us, "The place always looks clean and never smells. I have seen the staff washing their

hands and wearing aprons. If this wasn't the case I would say something." We saw people were supported to move with equipment which was clean. Staff were also seen to be aware of their own practice responsibilities in protecting people from the risks of cross infection. For example, staff wore all the protective equipment they needed to when assisting people with personal and clinical care.

People we spoke with told us they felt safe living at the home and staff treated them well. One person who lived at the home told us, "They (staff) look after me well so I know I am safe here." A relative said, "I feel he is safe and looked after and he likes being here. I leave here and know he is safe."

Staff that we spoke with had a good understanding of the types of concerns that could be possible abuse. Staff were able to share with us the knowledge they gained from their training. They were aware of their responsibilities to identify and report incidents of abuse. Staff told us they were confident that any concerns they had would be investigated or reported. We saw information was on display within the home that provided staff and visitors with details about reporting abuse or unsafe practices if this was required. We also spoke with the manager who was able to discuss their role in protecting people who used the service.

Staff told us that appropriate checks were carried out before they started to work at the home. We looked at some staff records which confirmed this was the case. There were checks to see if staff were suitable to work with people so that they could be confident staff had been screened as to their suitability to care for people who lived at the home.

When we spoke with staff about risks to people's health and wellbeing, they were able to tell us about people's individual health needs. For example, staff were aware of the need to maintain people's safety and dignity when people were experiencing distress or anger. Staff told us they had completed training in the management of challenging behaviour. Staff told us they did not use any physical interventions with people. A staff member told us, "We never restrain residents it is more about distraction."

Staff we spoke with were able to tell us about how they supported people when they needed to use specialist equipment to safely support people to move. We saw people had walking aids to support and assist people's

## Is the service safe?

own independence so that people's needs were met with risks to their safety reduced. We saw when people were cared for mainly in bed, staff were aware of the risks posed to people's skin and how to provide care to reduce the risks. For example, we saw people had pressure relieving equipment in place so that risks associated with skin care were reduced.

Arrangements were in place so that medicines were available for people when they needed them and were stored securely. A person told us, "I am happy for them (staff) to look after my tablets as they know when I need them, I would never remember." We observed a medicine

round. The staff member checked each individual medicine and checked people had taken it prior to signing the records. Medicine records we looked at showed people had received their medicines as prescribed by their doctor. Staff we spoke with confirmed they had appropriate training to administer medicines so that risks to people's health and wellbeing were reduced. We saw that safety precautions were in place so that medicine errors could be identified and action taken to reduce risks to people. For example, staff checked the medicine records daily so that any medicine errors were picked up and resolved in a timely way.



# Is the service effective?

## Our findings

At our last inspection we found that the provider had not made sure staff were consistently supported to put their training into practice when assisting people to meet their individual needs. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1 April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in Regulation was met.

People and their relatives told us they thought staff were trained and experienced enough to meet their needs. A relative said, "I can't put it into words. They sorted him out, looked after him well and he has put on weight. Totally turned him around with their care."

Staff told us they had received an induction when they started work at the home and had received a range of training to enable them to do their jobs effectively. One staff member told us they had shadowed other staff and completed a structured induction together with training on how to carry out their role. The registered manager had a training planner which they used to identify the training staff required which included refresher training courses to keep staff's skills refreshed so that they provided effective care to people. We saw examples where staff put their training and knowledge into practice while they met people's needs. For example, when staff were communicating with people they showed staff looked at people's body language and facial expressions when assisting people to make sure people's needs and wishes were met. This included when people with dementia who could not always tell staff they were in pain and or unwell so that people's needs were effectively met. Staff we spoke with were able to tell us about the individual needs of the people we asked about, as well as any health conditions that affected their care.

We asked staff about the support they received to do their jobs. Staff told us they received regular supervision where they could discuss their practice and identify any training needs. One staff member told us, "I love my job, we have lots of training and the manager is supportive."

People who lived at the home and their relatives told us that staff asked for their consent before they assisted and

supported them with their daily routines. One person told us, "They (staff) always ask me about what I would like which is how it should be." Staff told us how they provided support and promoted people's rights to make choices. Staff said they made sure people had enough information they needed to make decisions around what to wear, food, what they wished to do and the decisions people were able to make. We saw examples of staff obtaining people's consent and supporting people with their preferred choices. Some of the people who lived at the home were living with dementia and did not have the mental capacity to make some specific decisions about their care and support. Staff were aware of when people were unable to make choices, decisions were made in their best interests. This was by people who knew them well and had the authority to do this so. We saw that this was recorded in people's care records to show that the principles of the Mental Capacity Act (MCA) 2005 were being followed to make sure people's rights to make decisions were upheld.

We saw that where people were restricted or deprived of their liberty an application had been made to the local authority to ensure this was in people's best interests and the least restrictive practice was used. Staff we spoke with had the knowledge about whose care and support may be restrictive and where people had a Deprivation of Liberty in place.

People and their relatives we spoke with were positive about the food served. They told us that there were always meal options and if they did not like the meal choices provided on the day they could request alternative meals. One person told us, "The food is good." Another person said, "The meals are lovely, they are very filling." The cook knew about people's food requirements. For example, they were aware of how many people had diabetes, what food allergies people had, and how many people required their food to be pureed due to swallowing difficulties. People were offered drinks throughout the day. There were jugs of water and juice available in the communal areas and people's rooms. Hot drinks were served at different times during the day and evening. People also told us they could ask staff for a hot drink as they wished. Staff we spoke with were able to tell us about people's individual dietary needs and felt people had sufficient food and drinks to meet people's needs. Staff told us that people at risk of weight loss had been reviewed by their doctor and had access to food supplements. We saw this was the case as staff assisted people with their food supplements. Records

## Is the service effective?

showed that people had an assessment to identify what food and drink they needed to keep them well. The cook told us they had information in the kitchen of people's food likes and dislikes and of people who needed any special diets. The cook also said that they would talk with people on a regular basis so that they had the opportunity of hearing people's views about meals, such as, requests people had about different meal ideas.

People and their relatives told us their health care needs were met and if they needed to see a health care professional this was arranged. One person told us, "They took me to have my eyes tested yesterday." Another person

said, "A doctor visits here regularly and if we want to see them we only have to ask." Staff we spoke with had a good understanding about the health issues of the people we asked them about. One person had a health need that required regular monitoring. Staff we spoke with were aware of recent recommendations from a health professional regarding the person's health issues and we saw staff encouraged the person to follow these recommendations. This showed that an individual approach was taken so that people were supported to maintain their health and well-being.

# Is the service caring?

## Our findings

Staff we spoke with showed genuine warmth and respect for people they supported. There were some positive examples where staff showed they knew people well and considered their needs in a caring way. However, we saw some examples where staff could have been more thoughtful and considerate when communicating with people who needed their support to fully express their needs. This included in one lounge where people sat for 45 minutes with cutlery and small tables in front of them waiting for their lunch with lack of appropriate communication to aid people's understanding. People became restless and or went to sleep; one person took their clothes protector off on three occasions as they waited. A staff member responded to this person by stating, "Leave it on, lunch is coming in a minute." When lunch did not appear the person's facial expressions showed they were confused. Each time this person took off their clothes protector it was put back on without providing this person with enough of an explanation to enable them to understand and feel reassured. When meals did arrive there was a lack of communication when providing people with their meals which were placed in front of some people without acknowledging them.

When we asked a staff member whether it was people's choices not to sit at dining tables to eat their lunches. They told us, "I think they like to sit in comfy chairs, it doesn't really matter." We also saw and heard staff speak about the personal needs of a person in the lounge where other people could hear. This person might have preferred their needs to be communicated to them in a more discreet manner and or in private.

On another occasion we observed two carers move a person using lifting equipment. The staff used the equipment safely but they didn't speak to the person all the way through the manoeuvre and explain to them what was happening.

People and their relatives who we spoke with told us that staff were kind to them. One person told us, "They (staff) are very friendly; I like it here very much." A relative said, my husband is very happy here and the staff are lovely with him." Relatives also told us they were made welcome and staff were friendly towards them. A relative told us, "They (staff) not only care for the patients but for me as well, it is absolutely wonderful here."

Staff offered people the opportunity to tell them what their views were around their preferred daily routines. This included offering people choices, such as, what they would like to eat or drink or what they would like to wear. We saw and heard some people had made specific requests as part of their care plans, such as, not to get up until mid-morning or just before lunch. Staff respected people's specific requests and had listened as we saw an instance where this happened on the day of our inspection.

There were arrangements in place for people to be involved in making decisions. Meetings were held with people where they were informed and consulted about some aspects of the running of the home. The provider was looking at alternative ways of gaining people's views. They had sourced an advocate to increase and provide people with opportunities to share their experiences about life at the home.

People were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery so that people could be as independent as possible with their dignity promoted. A relative confirmed this by stating, "They really encourage him to do well." Staff were seen to protect people's right to privacy by not entering people's rooms without knocking first.

# Is the service responsive?

## Our findings

At our last inspection we found that the provider had not been protected people against the risk of receiving care that was centred on the person and based on assessed needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1 April 2015 corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in Regulation was met.

Staff told us they consulted external professionals so that people's needs could be reviewed and were knowledgeable about people's needs. People and their relatives confirmed this was the case as one relative told us when their family member's needs changed staff were quick to respond and gain professional advice. We saw this included when people had pressure ulcers to make sure specialist advice, care and equipment was sought to help and promote people's skin to heal. However, we saw there was a lack of regular full descriptions of people's pressure ulcers to advise staff about whether or not these were healing. This could have impacted on the monitoring of people's health needs and delayed appropriate action being taken to respond to any changes.

We saw staff did not always give thought to how they should respond to people's needs. For example, one person was provided with a drink but they were not provided with a table so that they could place their drink down. This person held their cup out to two staff as they passed by but they did not notice the person needed some assistance but another staff member saw the person needed a table and provided them with one. Another person had their meal left directly in line with a fan which was blowing cold air for 20 minutes and staff did not redirect the fan away from this person's meal. This person asked staff what their meal was on three occasions before being advised what it was.

People and their relatives were happy with the care and support they received. One person told us, "You only have to ask for something to be done and it is without any fuss made." A relative said, "The staff are lovely to him, they really care. The staff have been so helpful and they advised me not to take him out for a while and my life is so much better and now he has settled really well." We saw staff responded to people's requests, and they anticipated

people's needs at the same time as being flexible in how support was provided. For example, a person requested a different meal when they did not want the meal they were served which was responded to by staff immediately.

Relatives we spoke with told us they were kept informed by the staff of any changes in their family members needs and or if they became unwell. A relative told us, "The staff explain everything, I am involved in the care package and telephoned if any changes are considered. I feel able to live my own life again."

People and their relatives we spoke with gave us various examples of how they had fun and interesting things to do so that they did not feel socially isolated. For example, people told us they could choose to join in group events such as ball games, bingo and quizzes. There was also pet therapy, arts and crafts, movement to music and various entertainers visited the home. We saw some people chose to receive nail care. Another person said staff spent time in their room with them just passing the time of day with a chat and a laugh. Another person we spoke with told us they sometimes went into the lounge area to join in social events and at other times liked to be in their room to spend some time alone. People were given information about activities in the newsletter so that people could plan their days.

We spoke with staff about the arrangements for people to participate in leisure interests and hobbies. One member of staff told us, "We have enough activities here, there's games and people can join in." Another staff member told us they would like, "More activities for the residents and perhaps day trips out of the home."

Some people at the home were living with dementia and the provider told us they were working to make sure dementia friendly improvements had been made to the décor so that it was warm and stimulating for people. We saw there was some pictorial signage to help people identify the room's purpose, such as toilets so that people's independence was promoted and people's anxieties were reduced. There were also memory boxes by some people's room doors which were painted in different colours and looked like a house front door to make them stand out and be easily recognisable.

We asked people and their relatives how they would complain about the care if they needed to. People who lived at the home were aware they could tell staff if they

## Is the service responsive?

were unhappy. A relative of a person at the home told us, “The manager is approachable and I’d just talk to him if there was a problem. The staff tell me what’s going on.” Other people told us that although their complaint had been listened to and responded to by the manager they didn’t feel they knew how the service had improved as a result of their complaint. The registered manager was able

to show us the process for investigating people’s concerns and complaints. They also showed us the lessons learned from those complaints. For instance we saw how one person had raised concerns about staffing levels and mouth care. The manager had investigated these concerns and staffing levels had been increased since our last inspection.

# Is the service well-led?

## Our findings

People and relatives who we spoke with knew who the registered manager was and told us that they felt comfortable in approaching them. Two people we spoke with told us the manager and the provider were visible around the home and they saw them on a daily basis. One person told us, 'The manager walks round every day to make sure everything is ok and check on the staff'. We spoke to a relative who told us the management team were responsive and made them feel welcome and listened to.

We saw people and their relatives were provided with opportunities of sharing their views about the quality of the service they received. We saw meetings were held with people and questionnaires were available for people to complete on the quality of certain aspects of service provision. For example, we saw responses from people where they had commented on the quality of food and drink in the home. The registered manager was aware that only a small number of people attended the meetings held at the home and an advocate visited the home regularly as another way of capturing people's experiences and views about life at the home. At the last meeting only one person who used the service attended. The registered manager said that they were looking at more creative ways of involving people who used the service in meetings.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw evidence that regular checks were completed of care plans, infection prevention procedures and other areas of service provision. The manager showed us these checks are used to inform staff of areas for improvement. For example, staff were not following best practice when disposing of contaminated waste. The manager had put control measures in place to

address this that included staff training and additional form checking. What we did not see and the manager could not provide was evidence of how these required improvements were monitored for their effectiveness once they had been put into place.

Staff we spoke with told us they felt supported and were able to approach the management team about any concerns or issues they had. One staff member told us they felt supported by the manager and that they could tell them their concerns if needed. All the staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

Staff also us their views about what could be improved at the home for people who lived there. Some staff told us some lounge rooms could be bigger for people with dementia who used these to support people to have areas to do different things and have dining areas. When we spoke with the registered manager about this they informed us that changes were already planned so that people with dementia had a larger area of space made available to them.

The registered manager and provider showed they took an open and responsive approach to the issues we identified at this inspection to act on and drive through improvements so that people received consistent care which was responsive to their needs. The registered manager told us how they would be acting on and driving through the improvements, such as, planning training for staff in dignity in care and communication, reviewing wound care charts and the policy. In addition to this the provider said they had undertaken observations of staff practices following our inspection but these did not identify any of the issues we saw on the day of our inspection.