Elysium Healthcare (Healthlinc) Limited

Bradley Apartments

Inspection report

Bradley Road
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Bradley Apartments is a residential care home that provides accommodation, nursing and personal care to a maximum of 14 younger adults with a learning disability, some of whom may also have needs associated with their mental health and autism. At the time of our inspection there were 10 people using the service. The home provides five apartments consisting of bedrooms, bathrooms, communal area and kitchen.

People's experience of using this service and what we found
The provider was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Where people lacked capacity to make decisions, the provider had failed to put in place documents to support best interest decision making.

Medicines management was not always in line with best practice guidance; medicine administration records were not always fully completed and guidance for staff not always in place.

Risks to people had been assessed. People accessed specialist health and social care support where appropriate.

Right Care:
The provider had systems in place to report and respond to accidents and incidents. However, not all accidents, incidents or safeguarding concerns in the home had been investigated timely and thoroughly.

The service had enough staff to keep people safe. Staff received training and an induction to help them support people. We observed staff respecting people's privacy and dignity when providing care and support.

Systems to protect people from the risk of infection were effective.

Right Culture:
The provider's quality monitoring processes were not always effective at highlighting issues found at this

inspection. They had offered assurances about actions they would take and were committed to making any necessary improvements as quickly as possible.

We received mixed feedback from staff about the support they received from management in order to fulfil their roles and responsibilities.

Staff knew people well and were responsive to their needs. People and their relatives were involved in their care.

Following our visit to the service, we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection.

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

Rating at last inspection and update
The last rating for this service was good (published 30 June 2021).

Why we inspected
We received concerns in relation to safeguarding and the quality of care being provided. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradley Apartments on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to medicine management, safeguarding, consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bradley Apartments

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 carried out by 3 inspectors.

Service and service type
Bradley Apartments 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 Apartments is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed 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 3 people who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, nurse and care staff. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection, we spoke with 3 relatives about their experience of the care provided. We received feedback from a further 5 staff members. We contacted two healthcare professionals by email but did not receive a reply. We looked at a range of documents sent to us such as audits, risk assessments, meeting minutes and care records.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Systems did not work effectively to ensure safeguarding concerns, involving alleged abuse between staff and people were appropriately recorded, reported and investigated timely. This had impacted on the ability of the local authority to carry out their duties.
- Incidents and accidents were recorded when they occurred. However, it was not always clear as to whether they had been fully investigated.
- The provider failed to operate effective safeguarding processes by allowing a staff member who was under police criminal investigation to work with people who may be vulnerable.

Systems and processes did not always safeguard people form the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Detailed information had not always been recorded to guide staff on when to administer medicines prescribed to be taken 'as required'. Where staff had administered 'as required' medicines, they did not always record why they had administered this medicine or that it had been administered appropriately.
- Medicine stock control systems were not operating effectively to allow staff to know how much medicine was being kept in the service, increasing the chance of misuse or people not having enough medicine. There had been recent incidents where people had missed being given some of their medicines due to stock not being ordered on time and stock running out.
- Stock levels were not always accurate. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- Some medicine records where not updated or in place where additional safety considerations were needed. For example, individual risk assessments for paraffin based products.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● People's known risks had been assessed and accompanying care plans and risk assessments were in place.
● People's relatives told us their family members were safe when receiving care and support. One relative told us, "[Relative] is supported safely; staff are aware of their needs."
● Staff were able to tell us about people's known risks and how they supported people to keep them safe. A staff member told us how they supported people who express emotional distress. They told us, "We do use positive behaviour support plans and safety intervention techniques which enables reflective practice and developments on how to best support our residents in the future event of a crisis."
● Assessments were undertaken in relation to areas including fire safety, legionella, electrical testing and actions arising from these were completed. Staff had received training and knew what to do if the fire alarms sounded and regular fire drills were carried out.

Staffing and recruitment
●The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
● Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place.

Preventing and controlling infection
● 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 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. The provider had an ongoing programme of replacement furniture and repairs.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
People were supported to have visits from friends and family in line with government guidance.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed in accordance with the MCA.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, where physical intervention or chemical restraint was used, records had not been completed to evidence this decision was in the person's best interest and the least restrictive option available in line with MCA.

Failure to ensure people's consent to care and treatment had been sought in accordance with legislation is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed prior to them moving into the home. This included liaison with the placing local authority to ensure that people's care needs could be met.
- People's care plans contained personal details including communication preferences, positive behaviour support guidance, equality and diversity needs and day to day preferences.

Staff support: induction, training, skills and experience

● All staff told us they had received an induction when they joined the service. We saw the induction was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

● All staff we spoke with told us they received regular supervisions, during which they discussed their training needs.

● Staff had completed mandatory training to meet the needs of people they supported.

● Relatives we spoke with were complimentary about the staff and felt they had the skills and training to support people safely.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to maintain a healthy diet. People were positive about the meals they ate at the home. One person said, "I love the food."

● Care records detailed whether people needed any support with eating and drinking. We also saw that people were consulted in menu planning for the week. Records detailed people's food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

●Staff worked with other health professionals to ensure people had access to healthcare services and support.

●Staff regularly worked with other health professionals due to the complexity of the care they were providing.

● Care files contained information about each person's health needs and the support they required to remain as independent as possible.

● People's rooms were personalised and contained objects that were important to them. We saw that people were able to keep their rooms as they wished.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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's systems for monitoring the quality and safety of the service had not always been effective because they had failed to identify the issues we found during our inspection.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way to resolve this. For example, action noted on a safeguarding audit in March 2022 identified each person is required to have a safeguarding action plan in place. This action had not been addressed at the time of inspection.
- Action taken for service specific audits were not always sufficient to mitigate the risk of reoccurrence and could not be evaluated to improve practice. Where some actions had been identified, there was nowhere to record if these actions had been completed and who was accountable for them.
- Communication about people's needs and risks and how to manage these was inconsistent. For example, handover records were not consistently completed to deliver important information to the staff team in relation to peoples observational needs.
- Health and social care professionals told us the provider had not always worked well with them in the past, including not sharing information timely, openly and transparently and helping to resolve issues when things had gone wrong.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Most staff we spoke with told us they felt supported by the management team, however, some told us that they did not.
- All staff told us they had the opportunity to make suggestions, but we received mixed feedback as to whether they felt they were listened to and their suggestions acted on. Comments included, "I think that a lot of staff suggestions are just heard and not acted upon" and "I have often gone and expressed ways in which we could improve and this has been listened to with active ears."
- People were generally happy with the support they received. One person told us, "They [staff] are great,

they take me shopping." However, some people said they would like more opportunities to go out.
● Meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
● There were systems in place to evidence feedback from people, relatives and staff.

Continuous learning and improving care; Working in partnership with others
● We saw evidence that when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes. Staff told us, "The company produces lessons learnt bulletins on a regular basis through our email system."
● The registered manager worked in partnership with other agencies. This included placing local authorities to ensure people's needs were regularly reviewed. Where people received specialist support, such as psychiatry, joint working was in place.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice. 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure systems were in place to ensure people were protected from abuse. 13 (1) (2) (3) (6) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Treatment of disease, disorder or injury	Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)