

Methodist Homes

# Bradbury Grange

## Inspection report

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Date of inspection visit:  
24 August 2022

Date of publication:  
10 October 2022

## 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

### About the service

Bradbury Grange is a residential care home providing personal care to older people and people living with dementia. At the time of the inspection, 47 people were 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. The service can support up to 50 people.

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

People, staff and relatives told us there were not enough staff deployed to ensure people received the care and support they needed when they needed it. There were days when there was not enough staff. Agency staff covered some shortfalls, but people told us that agency staff did not know them and how they liked to be cared for.

Staff said they were demoralised and felt unsupported and not listened to by the management team. At the time of the inspection there was no registered manager in post. The registered manager had recently left the service. The provider was trying to recruit a new manager. People told us that they were bored, there was nothing to do. People, relatives and staff said they had reported this to management, but little action had been taken. Staff were recruited safely. Safety checks had been completed before staff started working with people.

Some people had medical conditions. Staff had not received specialist training in these areas like diabetes, catheter and stoma care. Risks to people's health and wellbeing had been assessed and there was guidance in place on how to mitigate these risks. However, risk assessments gave little guidance on how to support people consistently and in a way that suited them best when they became upset and distressed.

Medicines were managed safely. Some people were supported to take their medicines independently and this was assessed and monitored. However, when people were prescribed 'as and when' medicines when they were distressed there was no guidance in place to make sure these medicines were given consistently and safely.

Safety checks and risks within the environment were checked and action taken if any shortfalls or concerns were identified. Fire exits were accessible for people in the event of an evacuation. The environment was clean and safe. There were procedures to protect people from the risk of infection. Some areas of the service were in need of redecorating and improvements to support people living with dementia.

People were protected from abuse and avoidable harm and were treated with respect and dignity. People were supported to have day to day choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff helped to maintain people's independence by encouraging them to do as much as possible for themselves.

People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs. People had care plans that provided guidance for staff on the support and care that they needed on a daily basis. People received a healthy, balanced and nutritious diet that supported their health and wellbeing.

The service worked with healthcare professionals to ensure people's health needs were met. People and relatives said GP's and other specialists were contacted when needed. When health care professionals had raised concerns, these had been responded to and action taken. Visiting professionals told us they thought the service had improved over the past couple of years, but they were concerned this may not continue due to the registered manager leaving. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 January 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider had made improvements regarding the previous breach of regulations, however we found breaches of the regulations in regard to staffing levels, staff training and the quality and safety of the service. The provider remained in breach of regulations.

At our last inspection we recommended that the provider follows good practice guidance in relation to working with other agencies to provide consistent and effective support. At this inspection we found the provider was working with other agencies to ensure people received effective and safe care.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The inspection was also prompted in part due to concerns received about the care and support people received and staffing levels at the service. A decision was made for us to inspect and examine those risks.

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.

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 not changed from requires improvement based on the findings of this inspection.

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 Bradbury Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing, staff training and the quality and management at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bradbury Grange

## Detailed findings

### Background to this 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 team consisted of two inspectors.

#### Service and service type

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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We reviewed the last inspection report and the action plan. 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 eight people who used the service about their experience of the care provided. We spoke with ten relatives, nine members of staff including the deputy manager, operations manager, an area manager, care staff, the laundry person, cook, activities co-ordinator. We also received feed back from a visiting professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

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.

# 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 for this key question has remained 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.

### Staffing and recruitment

- People, their relatives and staff said there was not enough staff consistently on duty to give people the care and support that they needed when they needed it. One person told us, "Last evening was chaos. I like to go to bed early and there was no-one available to help me, so I ended up going to bed very late." A staff member said, "People are not getting the care that they need. People are left in bed for a long time after night shifts. There is not enough staff on duty to get everyone sorted out. Then it is left to the day staff and that puts everything behind from the start of morning. People then get their breakfasts late." Relatives told us there was not enough staff. One relative said, "I came in at 11:30 a.m. one day and my [relative] was in the dining room table waiting for breakfast, all on their own." Staff told us they are often still getting people up at lunch time. The duty rota indicated that at times there were not enough staff available to meet the increasing needs of people. On the day of the inspection staff were rushed. After the inspection the provider reviewed the dependency levels of people and the staff numbers have been increased.
- The provider was advertising to recruit new staff and some new staff had been employed. In the meantime, the service was relying on agency staff to cover the shortfalls. People said that the agency staff did not understand how they liked things done and everything took twice as long.
- The service was trying to employ a person to organise activities for people. People told us they were bored and there was not enough to do. One person said "Sundays are the worst. It's ghastly. You get up and just wait to go to bed. Just exist." A staff member said, "They used to do lots of activities here, it used to be really good, but it's very limited now. People are fed-up and bored." One the day of the inspection there was a sing-a-long in the lounge. People, relatives and staff said this was a rare occurrence.
- The kitchen staff numbers had reduced which had a direct impact on people's care and support. Care staff were involved in serving meals and clearing up which took them away from their role of supporting people with their care and support. One staff reported, "We never get the opportunity to sit and talk to people. We hardly ever get to sit with people and keep them company, listen to them or console them if they need, which in my opinion is an important part of the care role. We don't have time for that."
- A relative told us, "Staffing, that's worrying. There's not enough." Staff told us they were so rushed they often were not able to get people up before 11am, sometimes 3pm. One person told us, "Sometimes I need to wait until lunchtime to get dressed and then I miss breakfast."

The provider had failed to deploy enough staff to ensure people received the care and support that they needed when they needed it. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

- Staff were recruited safely. Full employment histories had been obtained. Gaps in employment history were explored and two references were obtained before staff started work at the service.
- Proof of identification was checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people.
- There were systems in place to ensure oversight of recruitment was robust.

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

At the last inspection the provider failed to ensure that risks to people were sufficiently monitored, and that action was taken to reduce risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach of regulation, however, there were still areas that needed to improve.

- Some people were living with dementia and sometimes became distressed or upset and displayed behaviours which could put themselves or others at risk. There was no step by step guidance for staff on what action they needed to take on how to manage these situations safely and consistently on an individual basis. During the inspection we observed permanent care staff deal with situations sensitively and safely. However, the service used a lot of agency staff who did not know people well and were not be aware of how to support people safely and appropriately. This increased the risk of them not getting the care and support that they needed. This is an area for improvement.
- Risks to people's individual health and wellbeing had been assessed and action was taken to mitigate the risks. People with catheters had risk assessments and guidance for staff on how to provide safe catheter care. At the time of the inspection people's catheters were managed in line with the guidance.
- People's care records contained other risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's mobility and health needs. People who required hoisting had detailed assessments in place which showed the size of the sling and which coloured loops to use. At the last inspection people were sharing slings. At this inspection people had their own slings which reduced the risk of injury and cross infection.
- Regular checks were completed on the building and equipment to ensure it was in good working order. The maintenance team had a schedule of checks to complete, for example to ensure that window restrictors were in place and working, and regular checks on water outlets to protect people from the risk of infection.
- The provider's maintenance team carried out repairs and maintenance in a timely manner. People spoke highly of the maintenance person. They said, "He always listens and is really helpful. We can have a good chat."
- Fire safety risks been assessed and managed. Fire exits were accessible and free from obstacles to make it safe for people to evacuate the premises in an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place which contained individual on how to safely evacuate people from the building.
- Incidents and accidents were recorded, reviewed and investigated by the systems the providers had in place. This identified any trends or patterns to ensure action was taken to prevent reoccurrence

#### Using medicines safely

- People did not always receive their medicines at the times on the medicine administration record (MAR). On the day of the inspection the morning medicines were still being completed at 11:30 a.m. Staff told this sometimes happened due to staffing issues. Some medicines need to be given at specific times throughout the day to make sure they have maximum effect. A visiting professional also reported they had observed this. They said, "Lack of staff can often lead to delays in medication rounds, occasionally morning medicines are still being done at lunchtime." When peoples medicines were give late there were appropriate gaps left

before they had the next dose. This is an area for improvement.

- Some people were prescribed medicines 'when required', such as medicines for anxiety and distressed. There was no guidance in place for staff to refer to where people required 'as and when' medicines to ensure this was done consistently and safely. Permanent staff were able to tell us when the medicine should be given, however agency staff who did not know people well were employed by the service and there was a risk they may not know when it would be best to give the medicine. This is an area for improvement.
- Some people were supported to take their own medicines on a daily basis. This had been risk assessed and checks were in place to make sure this was done safely. Staff had received training on how to administer medicines safely. They had regular training and their competencies were checked.
- Medicines were stored safely and at the right temperature. Medicines that require special storage were managed appropriately.
- Regular audits on medicines had been done to make sure they had been given correctly. Medicine was ordered, stored and disposed of safely. Medicines administration records (MAR) were complete with no gaps or errors in recording.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm. When reportable incidences had occurred, safeguarding protocols and procedures had been followed. Incidences had been reported to any outside agencies such as the Care Quality Commission (CQC) or the local authority. Agencies were then able to assess if the service has taken adequate measures to keep people safe and act if the service had not.
- The deputy manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident that the deputy manager would take action.
- The deputy manager had discussed concerns with the local safeguarding authority any concerns they may have. We reviewed records of safeguarding concerns that had been raised. The deputy manager had taken appropriate action in relation to safeguarding concerns.

Preventing and controlling infection

We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were mostly assured that the provider was admitting people safely to the service. One person was isolating in their room having moved into the service from hospital. Staff were aware the person was isolating, and there was PPE stationed outside the person's room, but there were no signs to inform agency staff for example that the person was isolating. The deputy manager took immediate action to address this.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they were able to visit whenever they liked, without appointment. We observed many relatives visiting people throughout the day, staying during mealtimes and spending time with their loved ones in communal areas, or in people's rooms.

# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received the training they needed to complete their roles safely and effectively. The provider had decided not to deliver practical manual handling training following the pandemic. Some staff had worked at the service, never having received practical training in manual handling. Staff and managers confirmed there was no competency checks to ensure staff understood how to support people to move safely. This placed people at risk of receiving unsafe care and treatment.
- All training was delivered online. There was no opportunity to check staff competencies following training. One staff member told us they did not understand the risks to people living with diabetes and would not be able to recognise if someone was unwell due to their diabetes.
- Some people living had health conditions like diabetes or had conditions that required them to have a urinary catheter or stoma. Staff told us they had not received training in these areas, and this was confirmed when we looked at the training matrix. Staff said they learnt from each other. There was a risk that staff may not know how to deal with these conditions safely and appropriately. People were at risk of not receiving safe care as staff had not the necessary training to manage some people's specialist needs.
- Staff told us that they felt unsupported by the senior management team. They felt they were not listened to. Staff told us they had raised concerns, but nothing changed. Staff had not received regular one to one supervision to discuss their development and concerns. Following the inspection the operations manager took action to address the staffing issues.

The provider had failed to ensure that staff had the necessary specialist training and support to undertake their roles effectively and safely, to ensure people received the care and support they needed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Adapting service, design, decoration to meet people's needs

- The service had two floors and people living with dementia lived on both floors. However, the ground floor needed some improvements to make it dementia friendly. For example, outside of people's rooms were memory boxes, to help orientate people to their rooms. Every memory box was empty.
- Some areas of the ground floor were in need of updating or decorating. For example, on the ground floor skirtings were in need of painting. The deputy manager told us there had been an improvement plan, but this had been withdrawn by the provider. The management told us they were unsure as to why this had happened.
- People and their relatives enjoyed access to the garden. However, one relative told us that improvements could be made to the outside area to enable more people to sit outside. These are areas for improvement.

- One person told us they had asked staff if they could have a different room. Their wishes were listened to and respected, and they said they were much happier in their new room.
- People told us they could do what they liked with their bedrooms. People's bedrooms were personalised to each person's individual choice.
- The service had enough space for people to spend time with others or to be on their own if they preferred.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Visiting health professionals told us, "Things have greatly improved from our perspective. My regular visits seem to have improved communication between us and the home which has positively impacted the residents. I find the home is gradually more organised, with less medication errors and less hospital admissions" and "Bradbury Grange has a number of staff who have been there for a long time and so know the residents very well. They care about their residents and generally are focused on their health and wellbeing. I receive regular emails and calls with queries from the deputy manager and staff. Staff appear to be in regular communication with residents' families."
- People had access to healthcare agencies and support in a timely way. Staff worked with professionals to provide good outcomes for people. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. A relative told us, "They organise it all and let me know what is happening."
- People's care records contained details of their medical history and any health support needs.
- People and their relatives were confident that the registered manager and the staff team would contact medical and specialist services if they were needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practise before being offered a service. People were offered the support in the way they preferred and that suited them best.
- The deputy manager met with people before they started to use the service. The assessments were used to develop the person's support plans and to make sure people received the care they needed in the way they preferred. People's choices and decisions were respected.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities.
- People were reassessed monthly or as their needs changed to ensure the care they received met their needs.

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

- People had been asked about the meals they wanted to have. This was discussed at residents' meetings and with people on an individual basis. People told us they had a choice of meals and if they did not like what was on offer; they could have something else.
- People could eat their meals in the dining area or if they preferred in their own rooms.
- Some people needed a special diet to make sure they remained healthy and safe. These diets were catered for by the kitchen staff. People were offered choices of hot and cold drinks throughout the day
- If people were at risk of not eating and drinking enough then their diet and fluids were monitored to make sure they remained as healthy as possible. People were weighed regularly. If any concerns were identified they were referred to the appropriate professional for further dietary guidance and support.

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 and 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 provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments.
- Staff knew how to support people in making decisions and how to offer choice with day to day decisions. People told us that staff always asked them for consent before they provided care and support. One person said, "They explain what they are going to do before they do it and ask if it's OK by me."
- People shared their views and choices with staff unprompted and these decisions were respected.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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. Continuous learning and improving care

- At the time of the inspection there was no registered manager in post. The provider had advertised for the role but was yet to appoint a suitable candidate. In the meantime, the deputy manager was overseeing the service on a day to day basis and was supported by the operations manager.
- Staff were clear about their roles and responsibilities. They knew what they had to do, however sometimes there did not have the time to give people the care and support to the high standard they would like. Staff said, "We have tried to fix things, we have been to managers and we have felt hopeless. I feel let down by the company they are not supporting staff and they are not supporting the residents."
- Checks and audits to monitor the quality of the service had not been effective in identifying issues highlighted within this inspection.
- When checks and audits were completed, there was not an action plan to detail what needed to improve, who would be responsible to carry out that action or a deadline for when things needed to be completed. For example, in January 2022 an infection control audit identified that the fly catcher in the kitchen needed to be repaired. There was no update if this had been done and when it had been actioned. In May 2022 the infection control audit noted that the bulbs in the fly catcher needed replacing. The most recent care plan audit was 78% compliant. Again, there was no information on who, and how action would be taken to improve to 100% compliance.

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

- Outcomes for people were not always positive. Staffing levels did not always support person-centred care and positive risk management.
- Staff did not feel listened to or empowered. Staff told us they did not feel their feedback was always acted on. Due to low numbers of permanent staff at night-time, day staff were told they would have to work some night shifts. Staff told us they were not consulted or offered a choice, and it caused morale within the staff team to be at an 'all time low.' Staff told us, "We are not listened to or taken seriously by management. I love working here but there needs to be more inclusion" and "It wasn't presented in a nice way, just basically told us this is what is happening."
- People had been invited to join the most recent residents meeting to discuss any concerns or provide feedback to staff. Residents used these meetings to discuss food menus and activities they wanted to take

part in. There was no follow up at the next meeting to check people were happy with the changes implemented. For example, in a meeting in May 2022 people said they wanted more lamb hotpots and shepherd's pie there was no feed -back to see if this had been addressed and actioned.

- Similarly, staff meetings detailed improvements suggested by staff for people. For example, in March 2022 staff said they wanted to have fruit more accessible for people, however there was no information to state if this was implemented.
- People and relatives raised issues about lack of activities. People, relatives and staff told us this had not improved. The provider was advertising for activity staff but no -one had yet been appointed to the post.

The provider had failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager had a good understanding of the risks at the service and understood why it was important to analyse incidents to prevent repeated occurrences. There was learning to try and improve the standard of care people were receiving. Since the inspection the management team have been in contact and updated us on the improvements and action they have started in regards to staffing and training.
- Relatives told us, "It's absolutely lovely. Staff are so kind and caring. They speak with her nicely without being patronising. They just give her a little bit of comradeship and I do think they are wonderful. They give such good care. It seems as though they make it less of a job and more of a vocation. Its lovely to see. A visiting professional reported, "Bradbury Grange has a number of staff who have been there for a long time and so know the residents very well. They care about their residents and generally are focused on their health and wellbeing" and "Lack of staff can obviously lead to delays in responding to residents needs at times but I feel this is due to manpower rather than a lack of care ."

Working in partnership with others;

- The management team and staff worked with partner agencies. People were referred to specialist professionals when they needed support and guidance. The staff had developed working relationships with local health and social care professionals.

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 management team had been open and honest in line with their legal responsibilities. When people had been harmed or allegations of abuse were made the management team had shared this information openly with stakeholders.
- We had been informed of significant events that had occurred at the service. The provider had displayed the CQC quality rating and it was on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- When things had gone wrong the deputy manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence. Relatives told us if there were any concerns or incidences that involved their loved one, they were contacted by staff to keep them up to date

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service</p> <p>This was a breach of Regulation 17 of the Health &amp; Social care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to deploy enough staff to ensure people received the care and support that they needed when they needed it.</p> <p>The provider had failed to ensure that staff had the necessary specialist training and support to undertake their roles effectively and safely, to ensure people received the care and support they needed.</p> <p>This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).</p>