

Methodist Homes

Bradbury Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

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, 44 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

Fire safety risks had not always been assessed and well managed. Emergency exits in each area of the service had been blocked by items stored in stairwells and through chairs restricting access to the fire escapes. This would hinder evacuation using emergency evacuation equipment if there was a fire. Some hand rails around the service had been damaged which created sharp edges and splintered wood, which put people at risk of harm. Risks to people's individual health and wellbeing had not always been assessed which put them at risk of infection and harm.

The service worked closely with healthcare professionals to ensure people's health needs were met. However, we found one instance where the service and healthcare professionals had not worked together and communicated in an effective manner which led to one person not having their catheter changed as they should have done. This increased the risks of infection. We made a recommendation about this.

There were systems in place to check the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to management of risk, fire safety and ensuring joined up and consistent support to meet catheter care needs.

People had received their medicines as prescribed and these medicines were available to them in a timely manner. Staff demonstrated a good understanding of medicines and the needs of the people at the service.

There was enough staff to keep people safe. The manager was able to deploy more staff as and when people's needs changed. Staffing was arranged flexibly. Staff were recruited safely.

Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person. People were reassessed as their needs changed to ensure the care they received met their needs. Some people had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

People felt safe living at Bradbury Grange. Staff had the knowledge and training to protect people from abuse and avoidable harm. Staff had received training to enable them to meet people's specific health needs. People had choice over their care and support and their choice and privacy was respected by staff. People told us staff were kind and caring. Comments from people and their relatives included, "I am

absolutely safe"; "I feel safe because of the surroundings, the staff and my room" and "I can recommend it here, it is very friendly and sociable."

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

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 21 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection the provider had met both breaches of regulations. However, the service remains rated requires improvement because there was a new breach of regulation in relation to management of risks. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector, a specialist advisor who was a trained nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

The service did not have a manager registered with the Care Quality Commission. A new manager had just started at the service and was in the process of applying for their registration. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, local authority safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from a local authority commissioner and members of the local authority safeguarding team.

During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. Some people were not able to verbally express their experiences of living at the service or were sleeping. We observed staff interactions with people and observed care and support in communal areas. We spoke with a visiting healthcare professional who was providing nursing care.

We spoke with 14 staff including; the cook, housekeeping staff, the maintenance person, activities staff, care staff, senior care staff, the deputy manager and the manager.

We reviewed a range of records. This included five people's personal records, support plans and a range of people's medicines charts, risk assessments, staff rotas and three staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been well managed. Risks to people's individual health and wellbeing had not always been assessed. For example, one person had a catheter fitted, there was no risk assessment in place to guide staff about how to provide safe catheter care. This had led to one person not receiving adequate catheter care, which increased their risks of infection. Another person's care records had not been updated in a timely manner following a fall they had in November 2019 which resulted in injuries. We reported these issues to the manager who took immediate action to address them.
- 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. However, staff told us they used generic slings for people rather than the person's own one, which put people at risk of injury. We found stocks of generic slings and some labelled slings around the service. The management team advised they would review the use of slings to ensure people had their own to minimise the risk of injury and cross infection.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. However, some hand rails around the service had been damaged which created sharp edges and splintered wood. We reported this to the management team. One person told us, "The handy man comes almost immediately to fix things." Another person said the handyperson, "Fixes things quickly, he puts up pictures and shelves."
- Fire safety risks had not always been assessed and well managed. We found fire exits around the service blocked by chairs, wheelchairs and walking frames which would restrict people and staff evacuating in the event of a fire. We reported this to the management team who took immediate action to remove the items and place signs up. Personal Emergency Evacuation Plans (PEEPs) did not have all the information they needed to keep people safe. The manager updated these the day after we inspected.

The failure to manage care and treatment in a safe way through assessment and mitigation of risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

- We observed staff prompting and encouraging people to use their walking frames in a safe way. One person told us, "I feel safe when I am being hoisted; they know what they are doing."

Using medicines safely

- Medicines were well managed. Medication administration records (MAR) were completed in a safe way to

make sure people received their medicines as prescribed. However, some people's MAR charts had not been completed with the correct information. For example, we found some people's medicines had not been given or signed for. The management team investigated this and found that medicines had not been given to one person as they had refused them. Two other people had been asleep. The code for refusal and sleeping had not been completed on the MAR. This is an area for improvement.

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- People's medicines were regularly reviewed by their GP and health professionals.

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Staff had been recruited safely to ensure they were suitable to work with people. At this inspection the provider had carried out checks to explore staff members' employment history and had taken up references before staff started work.
- At this inspection the provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels had been undertaken by the previous management team. These had not been reassessed as people's needs changed. We spoke with the manager about this. After the inspection they reviewed each person's dependency assessment to ensure they had an up to date view of people's needs.
- People told us their call bells were answered quickly. One person said, "I used call bell the other night, they came straight away, and I was given reassurance." Another person told us, "I wear a pendent call bell; they arrive quickly." Some people told us there were not always enough staff on duty. They said, "They are suffering from a lack of staff; they work very hard" and "They are short staffed at night." Staffing rotas showed that agency staff were deployed to fill absences. The management team were recruiting to vacant posts.
- One person raised an issue in relation to agency staff speaking to each other in their own language (not English) when supporting people. The person told us, "I felt intimidated." We reported this to the manager who took action immediately.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.

- One staff member said, "We have policies and guidelines, if we suspect abuse or see something that is not quite right we report and document, speak to the deputy and then the manager and if not actioned would go to outside agencies. Numbers are in offices."
- People told us they felt safe. One person told us, "I feel safe because I can go to the staff if I am worried, they are very approachable. I can also contact my family."
- The management team had appropriately reported safeguarding concerns including a significant number relating to thefts of money from people living at the service between February 2019 and October 2019. Action had been taken included involving the police. The manager told us people had been given advice about safe storage of valuables in meetings. However, residents meeting records did not show this. We asked the management team to address this. Relatives meeting records showed safety of valuables was discussed at the last meeting held on 14 November 2019.

Preventing and controlling infection

- All staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) where necessary to help prevent the spread of healthcare related infections.
- The service smelt mostly clean and fresh when we inspected. Some bedrooms had an odour which the housekeeping staff were unable to remove. The management team had ordered new flooring for these rooms and were awaiting a fitting date. One person said, "They do look after it well, the girls come in and clean. The laundry service is very good."

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents and learning lessons from these to reduce the risks of issues occurring again. The management team reviewed all accidents and incidents. Following one person's fall their care plan and risk assessments were updated and equipment put in place in the person's room such as a crash mat and floor sensor.
- Records evidenced where follow up action had been taken after an accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The management team and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. However, we found one instance where the service and healthcare professionals had not worked together and communicated in an effective manner which led to one person not having their catheter changed after 12 weeks as they should have done. The person's catheter had last been changed in August 2019, which meant it had been not changed for 19 weeks. This increased the risks of infection. We raised this with the management team who arranged with the community nursing team and hospital for the catheter to be changed on 16 December 2019.

We recommend that the provider follows good practice guidance in relation to working with other agencies to provide consistent and effective support.

- People received appropriate support to maintain good health. Community nurses visited daily to provide people their nursing needs.
- People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. The GP visited the service regularly.
- Records showed that staff took timely action when people were ill.
- People were supported to see an optician, dentist and chiropodist regularly. People told us, "The optician comes here, and I go to see the dentist"; "I saw the optician a few days ago" and "I see the GP when required."
- People living with diabetes were supported to test their blood sugar levels on a regular basis by visiting nurses.

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- 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.
- People's choices and decisions were respected. Some care records clearly showed where people had

been given choices and clearly showed when people had declined. For example, where people had chosen not to shower and had a wash instead. However, some care records did not detail this. The management team had already identified that records required improving as part of their checks and they were providing guidance and help to staff to make these improvements.

Staff support: induction, training, skills and experience

- Staff had received statutory mandatory training such as; infection prevention and control, first aid and moving and handling people. One staff member told us the service was, "Really good [regarding training], we get a lot of supervision and appraisals."
- Staff had received training to enable them to meet most people's specific health needs. Care staff had undertaken dementia training and training around degenerative diseases which helped them to understand the conditions people were living with.
- Staff had received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the management team.

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

- People told us they liked the food at the service. People told us, "I like the food here, especially eggs, bacon and baked beans"; "The food is lovely, cottage pie is my favourite" and "The food is good and plenty of it." A relative told us, "I sometimes eat here with my relative, the food is good, and the portions are reasonable."
- Meals and drinks were prepared to meet people's preferences and dietary needs. These included pureed meals and low sugar diets.
- People had their meals in the dining rooms and in their bedrooms. The menu board in the dining areas listed the choices available. Each dining table also had a menu showing people the choices of meals. Staff showed people living with dementia each plated meal to enable them to make informed meal choices.
- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate.
- People had not always been weighed regularly. One person's care record showed that staff had recorded they needed to be weighed weekly due to unplanned weight loss. They had last been weighed on 10 November 2019 where they had lost 1.17kg since 2 November 2019. We reported this to the manager who arranged for the person to be weighed. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals such as dieticians.

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

- The design and layout of the service met most people's needs.
- Sign posts were in place which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- People's rooms were decorated and furnished according to their preferences.
- There was accessible outside space for those who enjoyed sitting in the garden and a secure courtyard which were well maintained.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The manager monitored when they were authorised or due for renewal.
- Care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms.
- We observed people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). We found one file with an LPA signature relating to health and welfare decisions when they only had authorisation to be LPA regarding property and finances. Copies of the LPA documentation were being checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person, as they had identified some issues. Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision.
- People's choices and decisions were respected. Care records clearly showed where people had been given choices and clearly showed when people had declined.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.
- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives and friends in private in their own rooms and in different communal spaces around the service. We observed visitors being welcomed by staff and volunteers who regularly supported the service through running events and a mobile shopping trolley.
- We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open. People told us, "Staff knock before entering"; "The staff shut my door when I am bathing" and "I choose to have my door shut; staff knock but do not wait."
- People's personal records were stored securely in the offices on both floors.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. One person told us, "I'm independent with my personal care, I do make my own choices."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them well. Comments included, "The staff are kind and caring and obliging"; "The staff are very kind and caring, I am very fortunate" and "The staff are very kind and caring on the whole." Relatives also gave us positive feedback. They told us, "The staff are very friendly; I assume they are very busy but will answer questions" and "I admire the care staff, they are kind and caring."
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace. Volunteers also spent valuable time with people which people enjoyed. Comments included, "Staff chat to me, but I would like them to find out more about my past. However, the volunteers have time" and "We talk with the staff and volunteers." Staff were tactile and held people's hands when people wanted them to.
- Staff referred to people by their preferred names and supported inspectors to do this when they were

chatting with people.

- People's religious needs were met. We observed a church service taking place in the lounge during the inspection, people were invited to join if they wished. The Chaplain visited people in their rooms. A relative told us, "This is a Methodist establishment. I am not particularly religious and it is not imposed on us."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans in place, which reflected their current needs and interests. Support plans were detailed. For example, one person's support plan identified they were living with dementia and benefitted from having a choice of two items per decision; such as offering two sets of clothing and two different meals.
- Support plans were in place to detail specific areas that staff needed to be aware about. For example, where people were prescribed blood thinning medicines support plans were in place. These detailed that staff should monitor and check for any areas of bruising and detailed what additional action should be taken if the person fell.
- Support plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each support plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People received care that was personalised and met their needs. People and their relatives (if this was appropriate) were involved in care planning and review of support plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs.
- There were a variety of posters and information in the service in an easy to read format and pictorial formats to help people to understand the information.
- The service had developed prompt signs to help people and staff to know and understand how to get the smart speaker to play their favourite songs. We observed staff helping people with this and then people using the smart speaker independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed two activities coordinators who shared the role. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms. Volunteers helped with activities as well as events and trips into to the community. The volunteers were putting the final preparations to the upcoming Christmas party

when we inspected, which people were looking forward to.

- Activities included, arts and crafts, pottery, armchair exercise, board games, card games, quizzes and memory games, regular church services, music workshop, pottery and a choir. One person told us, "We have lots of things (to keep us occupied), we sing; we have our own choir, there is a great feeling about it." Other people said, "I like the exercise groups and the pottery" and "They even let my visiting son join in with the pottery." The service had an interactive toy cat which people enjoyed stroking, the cat moved, purred and people enjoyed its company.
- The provider told us in their provider information return that they had an interactive magic table which had been purchased through a donation left to the home. They explained the table provided mental and physical stimulation and encouraged people to participate and interact. They said, "This is a device that projects simple games onto a table which creates moments of happiness for people with cognitive challenges." We observed the table at the service; but it was not in use, the management team planned to relaunch the table to encourage people to use it.
- The activities coordinator visited people in their bedrooms to provide one to one activity for people that chose to stay in their rooms or those who were too unwell to join in with group activities in communal areas. We observed the activities coordinator supporting people to engage with a church service, singing and music as well as armchair exercises. The activities coordinator was motivated and engaged well with people and their relatives. They said, "I enjoy the caring side and now enjoy making them happy with the activities."

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or manager if they were unhappy about their care.
- People said, "I would feel confident to raise any concerns and would initially speak to a senior staff member" and "I feel confident to speak to the manager if I had a problem."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint.
- There had been three complaints about the service since the last inspection. These complaints had been resolved satisfactorily.

End of life care and support

- The service was not providing any care and support for people who were at their end of their life at the time of the inspection.
- Some people had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, one person's care records evidenced the type of funeral and service they wished to have, who they wanted with them whilst they were dying and the type of music they wanted as well as where they wanted to receive treatment at the end of their life.
- Some people had consented to DNAR (do not attempt resuscitation) with their GP or consultants. Crisis medicines were in place for people who were approaching the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.
- A relative had written to the service following the death of their loved one to thank the service for the quality of care and support. They wrote, 'Mum was only here for the last six months of her life, but you all showed great kindness in your care of her.'

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection the provider had failed to ensure a registered manager was in post which was a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection a registered manager had been employed, they left shortly before the inspection and a new manager had just been employed. The new manager had applied to become registered. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 7.

- There were systems in place to check the quality of the service including; reviewing support plans, infection control, unexpected weight loss, pressure areas, falls, environment, activities, catering, recruitment, health and safety as well as food safety.
- The checks were not always robust. They had not identified the areas of concern we had found relating to fire safety, risk assessment, damage to hand rails and catheter care. This is an area for improvement. We raised this with the manager; they took immediate action and amended the buildings check forms to include checks of fire escapes, they reviewed and amended risk assessments so that staff had accurate information to provide safe care and support and arranged for a person's catheter to be changed.
- The manager had a service improvement plan which highlighted both shortfalls and areas where the service wanted to improve. This formed the basis of an action plan.

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

- People and their relatives told us they knew the management team and people felt that there was an open culture. Comments included, "I feel that the managers [names] are approachable" and "The new manager is very good."
- People and their relatives told us they would recommend the service to others. Comments included, "I think the place is well run"; "I would definitely recommend the home, it is luxurious, and the current manager is nice"; "I can recommend the home, it is friendly, and the staff are approachable. The standard of accommodation is pretty good, especially when compared to other homes" and "I am very happy here; my family chose well."
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team. A member of staff said, "The management are good. We have nice

staff." Another staff member told us, "The new manager mucks in, she is brilliant."

- Communication between different shifts was facilitated by hand over meetings and hand over records so that staff received important information. One staff told us that they had not been told that one person who was normally transferred using a stand aid had deteriorated since they last worked on shift and was now being transferred using a hoist. We alerted the manager to this and they told us they would review the handover processes to ensure they remain effective.

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 a good understanding of their responsibilities under the duty of candour.
- The management team demonstrated that they were committed to ensuring that people received improved experiences and high-quality care. They ensured that lessons were learnt from this inspection and inspections in the provider's other services. The manager received support from the area manager and provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had notified us of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- The service had held 'resident's meetings' and relative's meetings on a regular basis, where people and their relatives were asked their opinions about the service. People's views and opinions were listened to and respected. A relative told us, "We have a relatives' meeting once a month."
- The provider had sent out surveys to people and their relatives to gain feedback about their experiences, in October and November 2019. The responses were in the process of being collated by the provider at head office.
- The service had received a number of compliments from relatives about their care their loved ones had received. One card read, 'Please pass on our thanks to all the team nan [name] has settled in so well at Bradbury Grange. You can't imagine how grateful we are to see her cared for as we would care for her.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. One staff member said, "Management involve us of changes through staff meetings and do a meeting at night, they do them at different times so everyone gets a chance [to attend]."

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. For example, the manager had met with district nurses and the CCG (clinical commissioning group) to broaden support networks. The service had recently been added to the mailing list for specialist training related to people's health through the CCG.
- The manager told us they planned to join the local authority registered manager and provider forums and Skills for Care forums to develop support networks outside of the organisation as well as to keep up to date

with good practice.

- The service had the red bag scheme in place. The red bag scheme was put in place to improve transfer pathways between care homes and hospitals. Care staff pack a dedicated red bag that includes the person's paperwork, medicines, discharge clothes and other personal items.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to manage care and treatment in a safe way through assessment and mitigation of risks. Regulation 12 (1)(2)