

# Methodist Homes Bradbury Grange

## Inspection report

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Date of inspection visit: 16 & 17 March 2015  
Date of publication: 18/05/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection which was carried out on 16 and 17 March 2015. The previous inspection took place on 23 January 2014 and there were no breaches of the legal requirements.

Bradbury Grange provides accommodation and personal care for up to 50 people. It specifically provides a service for older people. At the time of the inspection there were 49 people living at Bradbury Grange some of who were living with dementia.

The service was run by a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives felt medicines were handled safely. However we found shortfalls in medicines management. We were unable to ascertain if people had had prescribed creams applied due to a lack of recording. Medicines were not always recorded properly, or if they were no longer required and needed to be returned to the

# Summary of findings

pharmacist. People were prescribed medicine “as required” and there was guidance in place, but it lacked information about when to call for health professional advice and guidance, to enable staff to administer these medicines safely and consistently.

People, relatives and staff felt there was not sufficient staff on duty to meet people’s needs. People were not protected by robust recruitment procedures. Staff files did not contain all the required information. There were shortfalls in some areas of staff’s training. Staff had received an appraisal, but had not received regular supervision.

Risk associated with people’s care and support had been identified. However there was not always sufficient guidance in place to reduce these risks. People’s care plans had not been reviewed recently and did not always reflect their current needs. They sometimes lacked detail about people’s preferences and wishes and what people could do for themselves and what help they required from staff. This meant there was a risk people would receive inconsistent or unsafe care and support.

Accidents and incidents were reported, but action taken following an accident did not always fully safeguard people. Reports were not always fully detailed or analysed, which meant learning from accidents to reduce further occurrence was not effective.

The service had not implemented the Mental Capacity Act 2005 (MCA) code of practice. People lacked capacity to make decisions, but no best interest meetings or Deprivation of Liberty Safeguards (DoLS) had been considered.

People benefited from a suitable environment, which was well maintained. However areas were not adequately cleaned and infection control did not always follow good practice.

The management of the service was not effective. There was a lack of effective audits and checks to ensure people

received a quality service, and shortfalls were not identified and used to drive improvements. Staff were aware of the ‘mission’ of the service, but did not always feel they were encouraged by management.

People had access to a variety of health care professionals and their health care needs were mainly met. However some people were living with diabetes and there was no guidance about how to manage their condition safely.

People and relatives told us that on the whole they were happy with the care and support people received. People enjoyed varied and appetising food.

People were relaxed in staff’s company and staff listened and acted on what they said. People’s privacy was respected. People were complimentary about the staff. Staff were kind and caring in their approach.

People felt safe living at the service. Staff demonstrated an understanding of what constituted abuse and how to report any concerns. The service had safeguarding procedures in place. People had access to equipment to meet their needs.

There was a varied programme of activities which people enjoyed. Visitors were able to visit any time and the service welcomed lots of family and friends. Visitors were able to join people for meals.

People were able to express their opinions at resident meetings and give feedback via surveys. People felt comfortable in complaining and generally felt any concerns would be addressed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People did not always receive their medicines according to the prescriber's instructions. There was insufficient guidance for staff about some medicines, to help ensure they were administered safely.

Some areas of the service were not cleaned to an adequate standard. People had a suitable environment and access to equipment to meet their needs.

Risks associated with people's care and support had been identified. However there was not always sufficient guidance to reduce risks or prevent further occurrence.

People were not always protected by robust recruitment checks before staff started working. There were not enough staff on duty to meet people's needs.

**Inadequate**



### Is the service effective?

The service was not always effective.

There were not always enough staff trained in relation to people's needs. Staff did not have access to proper support arrangements.

People's capacity to make their own decisions had not been assessed. Some people lacked capacity and best interest and Deprivation of Liberty Safeguard applications had not been considered.

There was a lack of guidance in relation to some people's health care needs. People enjoyed a variety of food and drink.

**Requires improvement**



### Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive and kind and caring approach.

The atmosphere within the service was relaxed and people were listened to by staff who acted on what they said.

People said staff supported them where possible to maintain their independence.

**Good**



### Is the service responsive?

The service was not always responsive.

People needs were assessed prior to admission and a care plan developed.

**Requires improvement**



# Summary of findings

People's care plans were not always up to date and reflected their current care and support needs. Care plans varied in detail and did not always contained sufficient details about people's wishes and preferences, their preferred routines and their skills and abilities.

People enjoyed a variety of activities

People felt comfortable in raising concerns with staff or the registered manager.

## Is the service well-led?

The service was not always well-led.

Quality monitoring systems were not effective in identifying shortfalls or driving improvements to ensure the quality of care received.

Records were not easily accessible during the inspection and some could not be found. Records were not always stored securely and to ensure people's confidentiality.

The registered manager sought the views and feedback from people and their representatives, so they were informed about the quality of care people received.

**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 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 March 2015 and was unannounced. The inspection was carried out by an inspection manager, an inspector 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. The inspection was carried out at short notice in response to concerns raised by a whistle blower; therefore a Provider Information Return (PIR) was not requested from the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A whistle blower is a current member of staff or a staff member that has recently left the service.

Prior to the inspection we looked at previous inspection reports and notifications received by the Care Quality

Commission. A notification is information about important events, which the provider is required to tell us about by law. We also exchanged information with the local safeguarding team and commissioners.

We spoke with 19 people who used the service, seven relatives/friends, the visiting hairdresser and a visiting Methodist minister. Not everyone living at the service was able to verbally share with us their experiences of life at the service. This was because of their complex needs. 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. We spoke with the registered manager and nine members of staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included eight people's care plans and risk assessments, staff recruitment files, the staff induction booklet, training and supervision schedules, staff rotas, medicines records and quality assurance documentation.

After the inspection we received feedback from three health care professionals who had recently visited the service.

# Is the service safe?

## Our findings

People told us they were given their medicines at the right times. One person said, “Yes it’s always part of the morning routine”. There were shortfalls in the management of medicines. Where people were prescribed medicines on a “when required” basis, for example, to manage pain or constipation, there was not sufficient guidance for staff on the circumstances in which these medicines were to be used as there was no guidance about when staff should seek professional advice for their continued use. This could result in people not receiving the medicine consistently or safely.

People received their medicines in accordance with their wishes although on occasions administration for some pain relief or medicines to manage constipation did not reflect the prescriber’s instructions. For example, a medicine prescribed “as required” was administered regularly, and a medicine prescribed, such as three times a day was often refused. These changes in people’s requirements had not been referred back to health professionals so that they reflected current practice.

People were using medicines that they or their families had purchased at the pharmacist, such as indigestion and cold remedies and pain relief creams. There was no evidence that staff had checked with a doctor or pharmacist that it was safe to use these medicines and creams for those people who were already prescribed other medicines. These medicines were stored in people’s bedrooms. There were no risk assessments in place to ensure this was safe.

Medicines that were no longer required were stored in the medicines room. There was a whole case of these medicines which had not been entered into the returns book whilst they remained in the service. This meant there was not a clear audit trail of medicines within the service and there was a risk of misuse.

There were clear medicine administration procedures in place. Medicine administration was undertaken by staff using a patient approach. During the inspection administration followed safe practice except that during the first day staff administering medicines handled some of the tablets without the use of disposable gloves, which was not in line with the provider’s policy. Staff told us the medicine administration commenced at 8am each morning; however medicines prescribed for 8am were

administered up to 11:10am on the first day of the inspection. Medicines should be administered within one hour of the time (8am) on the medication administration record (MAR chart) and that the lunch time medicine administration would commence 12:15pm. The provider’s policy stated that the morning administration should be completed no later than 10:15am.

When people were prescribed creams a separate administration of topical application MAR charts were maintained. We found that people’s creams had not always been signed for or a code entered on the MAR chart so we were unable to ascertain if they had had their cream applied on those occasions.

The provider had failed to ensure proper and safe management of medicines. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff that administered medicines had received training in medicine administration. The provider’s policy was that staff should have their competency assessed to administer medicines or topical medicines every 12 months. However, records confirmed that some staff had not been assessed as competent in administering topical medicines.

Controlled drugs were stored safely and entered into the controlled drugs register appropriately. Handwritten entries on the MAR charts were signed, dated and witnessed as good practice.

Risks associated with people’s health and welfare had been identified. For example, risks associated with maintaining healthy skin, behaviours that may challenge, falls prevention and mobility. However there was not always guidance or sufficient guidance in place to reduce these risks. For example, moving and handling risk assessments only stated the equipment to be used and the number of staff required and did not detail how the person should be moved safely. Records showed that a person had a fall in February 2014, was taken to hospital and then returned to the service. Reports by staff showed that the person remained in bed for a month. However the falls risk assessment (dated 14/12/13) and care plan had not been reviewed and updated.

The provider had failed to assess risks to people health and safety and do all that was reasonable practicable to

## Is the service safe?

mitigate such risks. The above is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Accidents and incidents were reported and recorded. Reports showed there was a high number of falls reported in the month prior to our inspection visit. Our analysis showed that five people had had multiple falls, but reports were not always completed fully. For example, the action taken following a fall was not always recorded. The action that was recorded often did not result in a review of the falls or mobility risk assessment, but that staff told the person to call for assistance before or not to undertake the tasks that led to the fall. One report stated that there was no injury to the person, but also recorded that they had a red mark to their head. There were no records that any monitoring of this person's health had been put in place following a knock to their head. In two cases staff failed to get appropriate help following a fall. One person had had a fall, which resulted in a bad cut to their knee. Staff did not call for health professional input. When the nurse did see this injury the following day they commented that it should have been treated immediately as it required stitches. As it was not dealt with at the time stitches were unable to be administered. In the other case staff called health professionals, but did not get an answer at the time and there were no records that further attempts were made or that this was followed up. Accident reports had not been reviewed by the registered manager, which was the agreed procedure. The registered manager told us he had not had time to review these reports to date.

The provider had failed to respond appropriately to accidents and take action to mitigate the risk of further occurrences. The above is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were not protected by robust recruitment procedures. Three recruitment files were reviewed for staff that had been recently recruited. Recruitment records did not evidence that all the required information to safeguard people had been obtained or was obtained in a timely way. Prospective employees had all completed an application form, but there were gaps in the employment histories and

these had not been checked out with an explanation recorded. In two cases the application form had not been completed fully so we were unable to ascertain if there were any employment gaps in their history. Health checks had been undertaken for two staff, but not the third. There were documents to evidence that staff's identification had been properly checked, but only one of the three files contained a recent photograph. Two references had been obtained for each employee. However according to records one person had been offered a position before references had been obtained or before they had a Protection of Vulnerable Adults (POVA) first check or a full Disclosure and Barring Service (DBS) check was in place. A Disclosure and Barring Service (DBS) check identifies if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. This meant that people were not protected against the risks of recruiting unsuitable staff for their role.

The provider had failed to protect people with a robust recruitment procedure. This is a breach of Regulation 21(a)(i)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19(3)(a) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People did not have their needs met by sufficient numbers of staff. Many people talked about the response times to call bells and the lack of staff. A distressed relative told us "Staff take forever to come as they are over worked and I have to transfer (their family member) myself. There do not seem to be enough staff to cover". Other comments about staffing levels included, "(The staff) do a good job here, but sometimes I'm not sure if there are enough around". "I sometimes think they take a long time, but they haven't got the staff". "Not enough staff. That's coming over loud and clear". "They can be too busy, you understand that". "Sometimes you think where is she, but you realise they cannot be everywhere" and, "Early morning you wait longer and there are only one or two at night to deal with all of this floor. There should be more". One person felt they waited at times over 10 minutes for their call bell to be answered. One person said, "My concerns are about staff numbers and night staff. There are not sufficient. I watch the buzzers and they were constant. At least agency staff are excellent even though we don't know them and they've no time to read notes". One relative was concerned at the "high turnover" of staff and said, "I think they are a bit short in the



## Is the service safe?

evenings. For example, I only saw one upstairs and two agency downstairs”. A visitor told us that the “Recent turnover of staff can be a problem for some residents”. Staff also told us that “Staff start and then leave”.

The registered manager and staff told us that a new rota scheme had been introduced in February 2015. This could entail staff working three long 12 hour days back to back. The registered manager told us that there was a minimum of seven staff on during the day and three staff on at night and they felt these levels were safe. However staff working a long day would need to take breaks, which would reduce the staffing levels at these times. Staff felt there were not enough staff on duty particularly in the mornings and at night. The registered manager had identified that the night shift would benefit from having four staff rather than three staff and was trying to recruit to enable this. Accident reports showed that during the period 8 February 2015 to 13 March 2015 there had been 20 falls recorded. Thirteen of these had been unobserved and 12 falls had occurred during the night shift. When there were gaps in the rota staff told us these were filled by using staff from other roles, such as laundry or domestic staff and agency staff. When laundry or domestic staff were used or were on leave they were not replaced, so their duties were not completed. One person “When they are short staffed they take the laundry lady to be a carer”.

On the first day of the inspection there were four staff on duty downstairs during the day to care and support 24 people and three staff upstairs to care and support 25 people. Downstairs one staff member was busy with medicine administration until 11:10am, which left three people to attend to people’s morning personal care routines, help them with breakfast and serve morning coffee. There was a lack of staff presence in the lounge where people were spending their morning and people spent long periods of time not engaging with anyone or asleep in their chairs, whilst their morning coffee went cold. Later one person was calling out, but nobody came to assist them. Staff were only in the lounge if they were involved in a task, such as bringing someone into the lounge or hoisting them into a chair. On the second day of the inspection during the morning there was a period of 40 minutes during our observations when the only interaction three people had was to be asked if they wanted a drink and one person was not awake when asked this question.

Otherwise these people spent their time asleep or dozing with no interaction. In the provider’s quality assurance survey for 2014 only 64% of people felt staff had time to talk to them.

There was an on-call system covered by the deputy and registered manager. The registered manager told us that staffing numbers were determined by head office and were not calculated using any formal tool based on the needs of the people and the environment, which would be good practice. The service was recruiting at the time of the inspection.

The provider had failed to ensure there was sufficient staff on duty to meet the needs of people. The above is a breach of Regulation 22 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Most people and their relatives commented positively on the cleanliness of the service. One person said, “It’s always clean”. However a relative said, “The sheets could be changed more often” and another relative said, “We are not entirely certain how often the water jugs and cups are changed. Sometimes there are no cups available”. People were not protected by adequate standards of hygiene. There were allocated cleaning and laundry staff. However rotas showed that these staff were used to cover care duties and were not replaced. This was also the case when staff were on leave. For example, in the week commencing 9 March 2015 two and half shifts were not covered with domestic staff, resulting in less cleaning being done in the service. Some areas of the service which people used were not cleaned adequately. For example, a toilet was stained with urine and another with faeces. One bathroom had lots of torn bags over the floor and a sink contained used tissues. There were cobwebs with insects in the dining room and tablecloths were dirty with stains and crumbs and an ensuite sink contained dead flowers. There were two areas of the service where there was an unpleasant odour. Equipment, such as hoists were not cleaned adequately as they had stains and crumbs on surfaces. Cleaning schedules were in place, but records showed not all tasks were signed off as completed.

Equipment was not suitable to maintain cleanliness and hygiene. Two bins had no lids and a pedal operated bin



## Is the service safe?

was broken, which meant that when people had washed their hands they would have to touch the bin in order to dispose of their paper towel. One person had a very dirty plastic cup in their ensuite, which they used.

The majority of staff had received up to date infection control training. However staff were unaware of whom the lead person was in the service for infection control. The registered manager told us that no one had lead responsibility for infection control. There were poor infection control practices, hoist slings were not individual for most people, but were used for everyone and had to be washed in between. One hoist sling and raised toilet seat was stored on the floor. Used incontinence pads and soiled clothes were found on floors and a dirty flannel was found in a bath.

The provider had failed to ensure adequate standards of cleaning and hygiene. The above is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People benefited from a suitable environment. The premises had been purpose built, was in good decorative order and offered space and a homely environment. Each person had a single bedroom and ensuite facilities. There were also pleasant gardens, which people were accessing. One relative told us that “A large puddle forms outside” and they would prefer a covered area in the garden. Records showed that action was being taken to address the uneven surface. There were some areas that required action relating to the environment. There was a broken set of drawers in one person’s bedroom, one person’s ensuite sink had very slow drainage and storage was a concern with large amounts of incontinence products stored in people’s rooms making access in some cases difficult. One person would have been unable to use their dressing table due to the lack of storage for their belongings.

One person felt the lounge chairs were not really suitable and they were designed for a hotel not a home and that some people were slipping out of them. During the inspection staff were asked to assist a person who was slipping out of their chair. One person mentioned the variable temperatures, saying “You walk from cold into hot areas”. Sometimes it takes a long time to get hot”. Most corridor windows were open during the inspection and corridors felt chilly.

People had access to equipment to meet their needs. There were three assisted bathrooms in addition to people’s shower facilities in their ensuite. Other equipment in use included a passenger lift, rise and fall beds, hoists, wheelchairs and walking aids, pressure-relieving mattresses and cushions. Recent records were not available during the inspection to confirm that required checks and servicing had been undertaken for the premises and equipment, these were sent to us later.

People told us they felt safe living at the service and knew who they would speak to should they have any concerns. One person said, “Oh yes (I feel safe), safety is one of the reasons I came here”. Another person said, I feel “absolutely safe, that’s why I’m here”. Relatives also confirmed that they felt their family members were safe. During the inspection the atmosphere was relaxed and calm. There were some good interactions between staff and people and some people also chatted happily to each other. When staff were with people they were patient and people were able to make their needs known. Most staff had received up to date training in safeguarding adults. Staff were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority safeguarding protocols and how to contact the local authority safeguarding team.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager and most of the staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood that people had the right to make their own decisions. However the registered manager did not demonstrate that they understood the implications of the Supreme Court judgment and how that affected people within the service. When people were living with dementia and may not have had capacity to make certain decisions no capacity assessments had been undertaken and the registered manager told us that no best interest meetings had been held. People's liberty was restricted by the use of coded door entries and staff were not consistent whether or not people could be given the code. One person told us that "One lady tries to get out the front, they do watch her". Bed rails and sensory mats were in place for some people, which were detailed on risk assessments, but these did not always evidence that the person, their family or health professionals had been involved in these decisions to ensure they were the least restrictive option.

The provider had failed to act in accordance with the law and make decisions based on the principles of best interest. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People felt their health care needs were "mainly" met. People said the doctor came when there was a problem, but "Didn't like coming out just for aches and pains". One person said, "They know I'm not well today, they've been checking me". One person talked about how staff had called emergency services in the week prior to the inspection and they had gone to hospital to be checked.

We could not be sure that people's health care needs were fully met due to the lack of recording in care plans to show

how some health conditions should be managed. Some people suffered with diabetes, but there was no information in care plans about the signs or symptoms if a person was to becoming unwell due to their diabetes. Care plans did not contain details to show how staff should manage a person's diabetes. There was a folder that stated some people should have their blood sugars tested and the frequency. However this was not always followed in practice. There was no information within the care plans about the safe levels of a person's blood sugars. One care plan contained a document the registered manager told us had been supplied by the doctor. This indicated a 'potential problem' as 'Monitor bm's (blood sugar levels), call GP if below 2mmol or above 10mmol. Dip urine for ketones'. However the person's blood sugar levels had been outside of these readings and there was no evidence staff had contacted the GP. Staff told us that a normal reading for this person would be between six and 14, but when they had been high the person had been able to identify the reason why. For example, they had eaten a chocolate bar. Staff said they would have retested the blood sugar again, but there was no evidence of this. The staff were not following advice and guidance provided by health professionals nor referred back to them to discuss blood sugar levels further.

We were unable to ascertain in another case whether staff were following advice and guidance by a health professional or not. During medicine administration a senior staff member took the pulse of a person before they gave a particular medicine, which they said would determine if the person received their medicine. They told us this had been part of their medicines training. However the registered manager was not aware of this procedure and it was not detailed in the person's care plan.

The provider had failed to properly assess risks to people's health and put in place safe procedures to ensure their health and welfare. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

For other health conditions there was guidance in the care plan about how to manage the signs and symptoms should someone become unwell. For example, there was guidance for someone if they suffered from a seizure. The registered manager told us that people had access to regular

## Is the service effective?

appointments with a chiropodist who visited the service regularly. Staff acted appropriately and called health professionals when people became unwell. Community nurses visited regularly regarding diabetes care and wound dressings, and a continence nurse and a hearing aid specialist had visited. One person talked about a recent operation and said they “Didn’t have to wait long”. In the provider’s quality assurance survey conducted in 2014, 80% of people were happy with the access to doctors, nurses and dentists. Health professionals told us that staff were “keen” to work with them. One professional said, “Staff were aware of patients needs and responded quickly”.

Staff told us they understood their roles and responsibilities. Staff had completed Skills for Care common induction standards, which are the standards people working in adult social care need to meet before they can safely work unsupervised. All staff had a six month probation period to assess their skills and performance in the role. Nearly all staff had received all training specific to their role. For example, moving and handling, fire safety awareness, infection control and basic food hygiene. This was refreshed regularly so staff were up to date. When there were shortfalls in training, courses had been booked. Staff had mixed opinions about the quality of the training, which was mostly delivered on line. One staff member talked about the moving and handling training. When a group of staff required training at the same time this was delivered using a practical training session with all staff practising moves. However when it was a new individual member of staff this was achieved during a shift by shadowing or helping experienced staff, which they felt was not as good as a full practical session. Fourteen care staff had received training in first aid. Rotas confirmed there were shifts when a first aider was not on duty, for example, on some night shifts.

The service used agency staff to cover care shifts. However there was no formal induction programme in place to ensure these staff were properly orientated to the service and the building.

Some specialist training was provided, and most staff had received training in dementia. Some of this was dated as far back as 2010, and good practices to support people living with dementia may have changed in this period. In other areas staff had not received training, such as management of diabetes care or testing blood sugar levels or managing seizures. One health professional felt staff were well

intentioned, but a little bit more training on wound care and pressure area prevention would benefit staff. Staff told us that changes had been made and non-senior staff were now expected to review care plans, but they had not received any training and did not feel confident in this task.

Staff had received an annual appraisal in 2014 when their learning and development had been discussed. Staff had mixed opinions about whether they felt supported and felt staff morale was low. One staff member said about feeling supported, “Sometimes yes and other times no”. Staff told us they had previously attended one to one meetings, but could not remember when the last one was. The registered manager confirmed that the provider’s policy was that staff should receive individual supervision meetings at least six times a year in addition to an annual appraisal. Supervision meetings received by staff were not in line with this policy. The registered manager told us a team meeting had been held in February 2015, but minutes were not yet available.

The provider had failed to provide adequate training, support and supervision to enable staff to carry out their duties and meet the needs of people. The above is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and relatives told us they were “mainly” happy with the care and support people received. Comments included, “The quality of the staff is great”. “You are each given a named carer and mine is marvellous”. “There are some very good staff here”. “They are mainly mature ladies who treat you well”. One visitor thought the staff were responsive to them, which enabled them to feedback to them about people’s low moods or other concerns. One relative felt that when they visited staff “Get lax and don’t worry about the person when I’m with them”.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people during the inspection. For example, what to drink and what they wanted to do.

People had access to adequate food and drink. People were mostly positive about the food. Comments included, “It’s pretty good really”. “The food suits me beautifully”. “It’s good, but varies now”. “It’s reasonable on the whole”. “OK, with not much choice”. “There’s a choice, or they will do other things”. “Always a salad if you don’t like the options”.

## Is the service effective?

“It’s well presented”. “It’s got better”. “Some things I don’t like, but on the whole, good food”. All felt there was enough food and drink and one person said, “You can always ask for more”. At least three people mentioned the “New chef” and their “High hopes”.

There was a varied menu, which was rotated every three weeks. People were asked their choice of meal the previous day. Each day there was a main meal and a vegetarian option; there was also a choice of puddings. In the evening there was either a light meal, soup or sandwiches plus a choice of something sweet. The menu for the day was displayed in the corridor and also in the dining room. People chose where to have their meals and the food looked and smelt appetising. People’s nutrition needs had been assessed and guidance about how to meet these

needs were recorded in their care plans. People’s weight was monitored at least monthly and when there were concerns this was more frequent and included monitoring the person’s food and fluid intake. One person told us, “If I forget, they (staff) always remind me to drink”. Records showed this had resulted in people gaining weight. People had been referred appropriately to health professionals when staff were concerned about people’s appetite or weight. Advice and guidance had been followed through into practice, such as one person had their food liquidised as they had swallowing problems and others were prescribed meal supplement drinks. Aids and adapted equipment were used to help encourage people’s independence when eating and drinking, such as plate guards, special spoons and double handed mugs.

# Is the service caring?

## Our findings

People were relaxed in the company of the staff, smiling and communicating with them. People and relatives were complimentary about the staff. Comments included, “Yes they are all very caring”. “The staff here are very kind”. “They cannot do enough for you”. “They are helpful”. “They are helpful most of the time”. “They are a mixed bunch. There’s some and some”. “You get to know them well and they mean something”. “The staff are good, I am well looked after”. The staff are “brilliant”. “The staff are lovely, especially the young ones”. “They joke with me and I’m pleased with it all”. A visitor said, “It’s a community here and changes are noticed”.

There were chaplaincy notice boards displayed within the service, with prayers, visit dates and other details. A chaplaincy visitor felt that “Spiritual care for residents is valued here. We see them all, of whatever religion, to talk with them”. They also said that “Spending time with people is important here and staff are welcoming. The church can raise expectations of care”. A relative said, “My family member is a Methodist and wanted to be here. She knows the church people”. Another person said, “I knew about MHA (the provider) and I am satisfied”.

Results from the quality assurance surveys received showed that 93% of people felt staff understood them as an individual. One hundred per cent of people felt they were treated with kindness, dignity and respect and this was our observation during the inspection. However, some signage in people’s bedrooms did not promote their dignity. Most relatives said that staff were respectful and polite. One relative said, “They talk to her so nicely and it’s difficult to talk to her”. One person said, “They tell me if I’m not dressed properly and little things like that mean a lot”.

Health professionals felt staff were very caring. One professional told us that staff “They have a good rapport with service users”. Another said, “Staff are friendly”.

One person was heard saying they did not know the way to their room. A staff member stopped what they were doing and not only told them, but took them all the way, which was right round the other side of the building. An example of staff’s kindness was that during the inspection when staff were involved in moving people using equipment, such as a hoist, staff were careful and clear ensuring they explained what they were doing and what would happen next.

Staff acted in a kind and caring way. One person had recently awoken from sleeping in an armchair. A staff member approached them and knelt down on the floor so they were in the person eye line. They made the person comfortable with a pillow and blanket and gave them their teddy bear, talking to them as they did so using a patient and quiet approach. They then spent time writing messages as a way of communicating with the person to ensure they understood them. The care plan showed that this form of communication was the best way to communicate with this person.

A relative told us “She came back from hospital at 1.30 in the morning. She jumped at the chance to come back. They were waiting for her and very pleased to see her”.

People’s care plans had some details about their lives in ‘My life story’, although this information in some cases could have given better details. In one care plan this information had been written as a story, which was far more informative. Staff talked about how they had got to know people through discussions with them and their families and put the information in the care plan. This helped staff to understand people and what was important to them. One relative said, “I’d say they know her well now”. One health professional told us that staff had a clear understanding about people’s life history.

Staff told us how they encouraged people to make their own choices and how, when necessary, they facilitated this by offering a choice of two items, such as clothing or drinks.

People were able to choose where they spent their time. During the inspection some people chose to remain in their own rooms, whilst others spent time in the lounges. Some people were able to walk or travel freely about the service accessing both lounges and the garden. One person said, “I can go where I like, I just tell them I’m going”. Another person told us they preferred to walk around for most of the day, “Because of my knees” and was mobilising in the corridors with their walking aid and using the lift independently. People said their independence was promoted where possible. One person said, “They do for me what I cannot do”.

People’s and their relatives confirmed that family and friends were able to visit at any time. One relative said, “We are always welcome here at any time”. Two families mentioned having meals at the service and this was available for relatives on the day of the inspection. One

## Is the service caring?

relative said, "We can have dinner together, which is nice". During the inspection the service welcomed lots of visitors who came to visit people. People said they had their privacy respected. Staff knocked on doors and asked if they could come in before entering. A visitor said, "Staff do try to find them privacy. There are lovely, sheltered grounds here". Staff talked about and to people in a respectful

manner. During the inspection when people required support with personal care they were assisted to the privacy of their own room or bathroom. Relatives told us that people's privacy and dignity was always respected. Health care professionals told us that people were always treated with dignity and respect during their visits.



# Is the service responsive?

## Our findings

People had their needs assessed prior to moving into the service. One person said, “The registered manager came to my home, told me everything and reassured me”. Care plans contained a pre-admission assessment undertaken by the staff. In some cases the person moving in or their family had also put together information about themselves and their care and support needs. This information was used to ensure that the service was able to meet people’s needs.

Care plans were developed from discussions with people, observations and assessments. Most care plans contained information about people’s needs in relation to personal care, nutrition, spiritual well-being, mobility, mental health, communication, living working and recreation, tissue viability and resting and sleeping. However one care plan for a person who had recently been admitted had not been fully completed and had sections with no information recorded. Care plans varied in detail with some showing good detail. Others, particularly in relation to people’s personal care routines, did not always show people’s preferences and wishes or show what people could do for themselves and what support they required from staff. Care plans stated ‘Needs someone with her to aid dressing/undressing’ and ‘Requires some assistance with washing and dressing’. This did not support people’s independence or ensure staff adopted a consistent approach in order to encourage independence.

Staff demonstrated that they knew people and their needs very well. They were able to talk about people’s current care and support needs in detail. Care plans had been reviewed monthly up until December 2014 or January 2015, but not since then. One care plan showed on 31 January 2015 that a person ‘Has become more incontinent over past few months’ and although the care plan showed the person had been referred to the continence nurse there was no detail about any toileting programme that might be in place.

The provider had failed to ensure that care plans reflected people’s assessed needs, preferences and remained up to date. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

One person with poor eye sight said, “Being blind restricts me, but they understand. They explain what is on my plate and I’ve had everything I’ve asked for”. The relative of another sightless person told us, “My family were glad that when they went blind, they could stay here and feel secure. They need familiarity and the room they know”.

Another person had aides-memoires in their bedroom as they had memory problems, including photographs with captions, white boards, lists and an orientation clock. These helped the person to remain independent.

Responses about personal care were mixed. One relative told us that her family member’s “Personal cleanliness has been a little issue. They want to do it themselves and cannot. They could be cleaner”. One person said, “I would like a bath, but getting one is like gold dust”. Records showed this person always had a regular shower. Another person said, “They’ve suggested a bath, but I’m not sure. I prefer a wash down”. Other comments included, “I ask for a shower every day and I get one”. “You can have a shower whenever you ask”. One person was delighted with the way their morning routine had been adapted to optimise their energy. They said, “We talked about it and I now have breakfast in bed, then rest, then self-medicate and then slowly wash and dress, which is great”.

People told us they were able to express their opinions at residents’ meetings. One person said, “They are a good idea, but it takes a long time for anything to get done”. Another person said, “I chair the meetings monthly with the manager and it works. We try to get them talking”. Another person told us they were the “Representative for the top floor. I attend the meetings and make sure I get to know new residents, and chat with them”. The notes from a recent meeting were available and showed 11 bullet points, highlighting both small issues, such as a new light, and bigger issues, for example, the recruitment progress. One person told us “We do have meetings here. I recognise that it is a very good home”.

People had a monthly programme of leisure activities in place, to help ensure they were not socially isolated. Most people agreed there were things to do. One person said, “There are things going on, but I’m not socially minded and prefer to walk”. Another person said, “There’s always something going on”. The activities for the day were displayed prominently on a white board. Activities included the visiting Chaplain, weekly prayer meetings, men’s group, and gentle exercises, sing song, visiting pat dog,



## Is the service responsive?

sight-seeing and board and card games. One notice board promoted a regular coffee morning, which was hosted by the 'Friends of Bradbury Grange'. During the inspection activities included people making use of the garden, attending a knitting group, a mobile shop trolley, a bible reading group, listening to music or watching television, an outside music entertainer, (which was well attended), and a quiz. There was also an exercise group, which was attended by at least a dozen people. The service had a group of volunteers who visited each week and who organised trips and outings. A hairdresser visited frequently and we saw people enjoying having their hair done and commenting how pleased they were with the results.

People told us they would be comfortable in speaking to the registered manager or a staff member if they were unhappy, but most stressed they had no concerns. People

felt "Things would be sorted out". One person said, "I have grabbed whoever is nearest, they've dealt with it well". Another person said, "We complained about the room being cold and the registered manager brought this plug-in radiator". The complaints procedure was displayed within the service. There had been three complaints in the last 12 months from relatives. These had been investigated and responded to in a timely way. However it was not always clear that action taken as a result had actually been completed. For example, one complaint response showed that people were to be sent a food survey to gather their feedback on the quality of the meals, but the registered manager was not sure if this had actually happened. During the inspection the registered manager was accessible around the service and approachable to people.

# Is the service well-led?

## Our findings

The registered manager was unable to produce some records required during the inspection; other records were not easily accessible or were incomplete. For example, there had been a medication error in January 2015, but the incident report could not be found. Care plans and risk assessments were not all up to date and had not been reviewed in line with the provider's policy. Other records were not fully completed, such as monitoring records and the outcomes of people's health appointments. Two people did not have a photograph on their medication administration record (MAR) chart. Records were not always held securely. When we arrived at the inspection both the reception and office areas were all open and unlocked and records were spread across the rooms. The registered manager told us this was because he was working in this area. Most records were individual to ensure confidentiality. However staff communication books contained confidential people's personal information, such as medicine changes and outcomes of doctor's telephone calls. These and other records containing personal information were not always secure and were accessible to people in the lounges. This meant people could not be confident that information about them was held or kept securely.

The provider had failed to ensure that records were accurate, complete and held securely. The above is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Accidents and incidents were not properly investigated or analysed for trends and patterns. The registered manager told us he had not had time to look at any of the reports of accidents in the month prior to our inspection date. A report, which had been sent to head office identified when people had had multiple falls in any one month, but did not identify any further patterns or trends. For example, over a longer period, such as two months, at what times of the day/night the accidents had occurred and whether they had been observed or unobserved. When accidents had occurred and staff had not taken appropriate action, such as closely monitoring people's health or calling health

professionals, records showed that the registered manager had not taken any action to help ensure people's health and well-being, and to ensure that accidents were monitored appropriately in the future.

Records showed that a medicines error had occurred and following this the person's health had been monitored. However the registered manager told us they were not aware of this incident. There was no evidence that action had been taken to help ensure this did not reoccur, such as further staff training or close supervision.

Systems in place to audit the quality of service were not effective. The audits that were in place were undertaken periodically and had not identified the majority of shortfalls found during this inspection, and had not driven improvements that were required. This included care plan audits and medicine management audits. A care plan audit had been carried out and had identified shortfalls in documents not being fully completed or that did not reflect current needs, but the care plans had not been updated at the time of our inspection. The registered manager had introduced a new system that key workers would review care plans and not senior staff. However staff told us they did not have the time or the training to enable them to do this. The registered manager told us a medicines audit had been undertaken in November 2014 although this could not be produced on the day of the inspection and was not sent to us following the inspection.

Systems in place to identify, assess and manage risks relating to people's health and welfare were not effective. Audits had not identified that the service was not as clean as it should be or that infection control measures were not effective. Staff were aware that a person did not properly dispose of their incontinence products, but no system had been put in place to monitor the room to ensure the person did not walk on soiled incontinence pads. A sharps container full of needles was stored in an unlocked cupboard.

Staff told us they felt the registered manager "Did his best", but that senior management "Don't realise what we do and what we have to do". One staff member felt the management of the service was "Ineffective". Staff felt comfortable raising any concerns, but said communication could be better. They gave an example that sometimes a

## Is the service well-led?

course of action or way forward would be agreed and then sometime later staff would hear from another source that this was no longer the case, but there had been no communication from management.

Staff said they understood their role and responsibilities, but did not always feel supported. However one member of staff talked about poor practices of other staff, which they had raised with management, but felt no action had been taken. Care staff and domestic staff did not see certain tasks as their responsibility, such as changing beds, but a lack of communication did not resolve whose responsibility it was, to ensure the tasks were completed in a timely way and improve the quality of care people received.

Staff's one to one meetings with their manager had not been kept up to date and team meetings had been scarce. Senior staff told us they did not have time to undertake supervisions for their team. Discussions highlighted that staff were not always aware of current practice within the service. For example, one staff member talked about a form that needed to be completed before emergency services were called for people. However the registered manager told us this had only been piloted in the last year and had not been adopted.

People felt the new staffing rota, which had been introduced by the organisation as a national rota scheme across the country was "Mad". They felt expecting staff to work three long days of 12 hours was not good practice and was a reflection on the provider. People's needs had been assessed, but staffing levels had not been based on these dependency tools despite people, relatives and staff voicing their concerns about the staffing levels.

Members of the senior management team visited the service to check on the quality of care provided. One staff member said, "They do visit, but they don't always talk to people or the staff". Another member of staff told us that senior management always pointed out the negatives and shortfalls to staff, but they failed to encourage staff as they did not say anything positive. Another staff member said, "There's not a lot of encouragement from management". The registered manager attended regular management meetings. They told us these were used to keep them up to date with changing guidance and legislation and drive improvements. However we found the service had not implemented the Mental Capacity Act 2005 code of practice.

The provider had failed to ensure that systems and processes were effective to ensure compliance with the regulations. The above is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service was run by a registered manager who had been at the service for two years. The registered manager worked in the office, attended meetings and was also out and about within the service and had recently undertaken a care shift. They were supported by a deputy manager, senior carers and an administrator, although this position was currently vacant. Most people and relatives knew the registered manager by name; only one person said they did not know the registered manager. People felt comfortable in approaching the registered manager. One person said, "The registered manager is often around if there are any problems". Another person said, "We see the registered manager and he's been good".

People felt the manager was easy to approach and always had an open door. One person said, "I've met the registered manager, you can see him whenever you want". One health professionals told us they felt the service was well-led. They said, "It has got better since the registered manager has been there, it is more open, he is friendly and he is changing a few things, he is not a sit in the office type."

People felt the service was well-led. Their comments included, "The registered manager knows all about working in a care home. He doesn't think twice about getting stuck in. I hope we don't lose him". "The registered manager deals with most things straightaway. For example, a loose door knob. He did it himself. He will help anyone in the lounge" and "I'd recommend it to anyone. I've no intention to move at all". One relative stressed that her family had been very pleased since the registered manager took over. Another relative told us their family member had done a lot of research before finding this home. However they commented that there were no relatives meetings although there were residents meetings.

The service had a statement of purpose, which included the vision and values of the service. The service also had a service user guide; however this required updating as it contained out of date information. The service user guide was a booklet that enabled people to have detailed information of what to expect from the service. Both these

## Is the service well-led?

documents contained the provider's 'mission'. The mission was 'To improve the quality of life for older people, inspired by Christian concern'. Staff understood the mission and one staff member said the mission "Was to give people a decent life and look after them, so they feel cared for and protected".

People and relatives had completed quality assurance questionnaires in 2014 to give feedback about the services provided. Twenty-seven responses had been received.

There was a system to analyse these so that they could be used to drive improvements or provide feedback to those who had given their views. Residents' meetings were used to cascade information. For example, people had been informed about the new staff and staffing rota, activities, improvements to the grounds and garden.

Staff had access to policies and procedures. These were reviewed and kept up to date.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have available information relating to each person employed as specified in Schedule 3.

Regulation 19(3)(a) and Schedule 3

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not acted in accordance with the Mental Capacity Act 2005 and Code of Practice.

Regulation 11

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had failed to fully assess service users' needs and preferences for their care and treatment and design care and treatment with a view to achieving the service users preferences and ensure their needs were met.

Regulation 9(3)(a)(b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not properly assessed the risks to the health and safety of service users or done all that was reasonably practicable to mitigate any such risk.</p> <p>The provider had not ensured people were protected from the proper and safe management of medicines.</p> <p>The registered person had not assessed the risk of, and preventing, detecting and controlling the spread of infections.</p> <p>Regulation 12(2)(a)(b)(g)(h)</p>

### The enforcement action we took:

A warning notice was issued to the provider that they take action to ensure that people received care and treatment in a safe way.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not have sufficient numbers of suitable qualified, competent, skilled and experienced persons deployed in order to meet people's needs.</p> <p>The registered person had not ensured persons employed received appropriate training, supervision and appraisals.</p> <p>Regulation 18(1)(2)(a)</p>

### The enforcement action we took:

A warning notice was issued to the provider requiring them to take action to ensure that people had their needs met by sufficient numbers of suitably competent, skilled and experienced staff.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

## Enforcement actions

The registered person has failed to ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided and assess and monitor and mitigate risks relating to the health, safety and welfare of service users and other who may be at risk.

The registered person has failed to maintain an accurate and complete records in respect of each service user or maintain securely such other records as necessary to be kept for the management of the regulated activity.

Regulation 17(1)(2)(a)(b)(c)(e)(f)

### **The enforcement action we took:**

A warning notice was issued to the provider requiring that systems or processes are established and operated effectively to ensure compliance with the requirements and accurate and complete records are maintained securely.