

Bradwell Hall Nursing Home Limited

Bradwell Hall Nursing Home

Inspection report

Old Hall Drive
Bradwell
Newcastle Under Lyme
Staffordshire
ST5 8RQ

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bradwell Hall is a care home providing personal and nursing care for up to 127 people aged 65 and over some of whom are living with dementia, mental health conditions, sensory impairments and physical disabilities. Bradwell Hall accommodates people across five different units, each which have their own adapted facilities. At the time of the inspection 64 people were living at the service.

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

People told us the care they received had significantly improved. The home had reduced in size which meant management had a greater oversight about the needs of people living at the service. The policies and practices in place had been redeveloped to support the new mission statement of the service.

People were supported by a well-trained staff team who understood people's needs and knew how to keep people safe. Staff were recruited safely and there was a positive culture shift amongst the staff across the home. People received their medicine in a safe way and practices which had previously deemed to be unsafe were no longer supported. Staff understood the importance of choice and cared for people in a dignified way.

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

Care plan documentation had improved. Records were detailed and gave staff the information they needed about people they were supporting. The governance systems had been redeveloped which evidenced care and support people received was monitored and reviewed to continue to drive improvement.

There was a new registered manager in place. The clinical operations director had continued to work with the providers, staff and people at the home to continue to improve practices, embed and sustain improvements and continue to enhance the quality of the service.

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 inadequate (published 10 February 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since September 2020. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 29 and 30 September 2020. Breaches of legal requirements were found in regulation 12 (Safe Care and Treatment), regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) and regulation 17 (Governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

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

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Bradwell Hall Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, one assistant inspector and one 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.

Bradwell Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 13 relatives about their experience of the care provided. We spoke with 21 members of staff including the providers, the clinical operations director, registered manager, unit managers, senior care workers, care workers and the domestic staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider 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 inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Since the last inspection, the staff team at Bradwell Hall have been committed to working with partner agencies to improve and develop their model of care. The service had been through many changes to achieve a standard of care for people which was safe and of a good quality. The management team had been dedicated to improving staff knowledge and practice and ensured that staff learning, and development meant better outcomes for people. Staff had been supported and empowered to focus on people and improving their experience of living at Bradwell Hall.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were assessed and reviewed to keep people safe and well.
- Systems were in place to monitor people's health conditions and any associated risks and actions were taken to ensure people's health conditions remained stable. For example, A 'STOP and WATCH' communication tool was in use which alerted staff to changes in people's daily routines or needs. This meant staff were able to recognise and respond to people's changing needs in a very timely way.
- Care records were updated daily to ensure any change in people's needs were reflected and actioned. For example, a bowel monitoring tracker was in place which was updated by day and night staff and reviewed daily by the registered manager. This process had been embedded into staff practice and was effective in reducing the need for alternative clinical interventions.
- There had been a significant reduction in the number of risk related incidents at the service since our previous inspection.
- Staff knew people's needs well and were able to tell us how they supported people in a way which maximised positive outcomes for people.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of harm or

abuse. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Since our last inspection, staff practices had been reviewed and staff had received additional training to ensure they understood and adhered to the home's safeguarding policy. The providers had taken learning from external safeguarding professionals and had developed the service in line with the support they received.
- People told us they felt safe. One person said, "I feel safe and protected." Another person said, "I feel safe and well cared for." A relative said, "[Relative] is safe, there is always someone with them. They [relative] is much calmer now."
- Staff kept people safe from the risk of harm and abuse and spoke positively about the changes implemented to increase safeguarding awareness.
- There had been a significant reduction in actions which had previously led to safeguarding referrals being made, such as the use of clinical holding techniques. Alternative ways of working had been developed to ensure people were cared for appropriately and kept safe from harm.

Staffing and recruitment

- Since our last inspection, changes had been implemented to ensure there were sufficient suitable skilled staff to support people in the most effective way.
- Staff received up-to-date training and were empowered to become champions of care, focusing on specific areas of interest. For example, each staff member had tasks to complete as part of their champion role which evidenced continuous learning and development. One staff member said, "The change in policies has reinforced the training I had previously, and we have the opportunity to take part in additional training."
- The number of agency staff had reduced, and staff told us teamwork had significantly improved and they worked well together. A staff member said, "I am really proud of the way the team has pulled together through all the changes and through a pandemic, we have worked well and are a much stronger team."
- Staff were recruited in a safe way. Staff were subject to pre-employment checks to prevent unsuitable staff from working with people.

Using medicines safely

- Medicine management had been reviewed and changes implemented to ensure people received their medicines safely and in line with their needs.
- The use of a specific medicine used to produce a calming affect for people who were experiencing anxiety, or who were distressed and or agitated had been reduced significantly across the home. Staff now used alternatives methods to support people and evidence of such techniques were documented and their effectiveness regularly reviewed. This provided assurances that this specific medication was being administered appropriately.
- People who received 'as required' (PRN) medicines had individualised protocols in place to guide staff to ensure people were receiving their medicines safely.
- Staff were trained in the safe management and administration of medicines and their skills, knowledge and competency were regularly assessed. Care Home Assistant Practitioners (CHAPs) supported the nursing staff to administer medications. A nurse told us, "There is a lot of medication so having the CHAPs support the nursing staff really works well and really does support the nurse."
- Medicines were securely stored and there was a clear audit trail of all medicines held at the home.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff adhering to infection prevention control (IPC) measures and personal protective equipment (PPE) was worn appropriately in line with government guidance.
- The layout of the home had been adapted to support COVID-19 positive people living at the service, however there was no one at the service with COVID-19 at the time of our inspection. For example, staff rooms had been moved and modified to ensure staff were able to have their breaks in a safe environment.
- There was signage around the home reminding people and staff about the risks associated with COVID-19 and provided reminders about how to keep people safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Since the last inspection, there had been significant improvements across the service. The providers and the senior leadership team had worked alongside the Local Authority to continually improve practices and kept CQC updated about the changes to provide safe and effective care for people living at Bradwell Hall.
- The management at the service had developed tools to enable them, along with staff to identify where things were going wrong and to learn and develop from this. The governance systems provided greater opportunities for more in-depth analysis into themes, patterns and trends of accidents, incidents and issues, and action plans were put in place to address the shortfalls.
- Communication with staff at all levels had been enhanced so staff felt they were able to raise concerns and issues with the knowledge these would be addressed with the aim to improve care standards across the home.
- The registered manager said, "We won't stop. We will continue to develop the staff and the service further. We have implemented lots of new things and we are committed to maintaining and developing the oversight."

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well cared for. One person said, "Since I came here, it has been fantastic. I haven't looked back. I class them [staff] as family." Another person told us, "The staff are so kind, they are very helpful."
- Relatives spoke highly of the care at the home and acknowledged the changes made to improve the care their loved ones received. A relative said, "The care is exceptional. [Relative] was in a bad way when they were admitted; they were underweight and had little quality of life. Since being at Bradwell they have improved hugely. All the family say that they look so good now and they are much more aware of what is going on around them. We don't think they could have gone anywhere better; we are really happy." Another relative said, "It's absolutely fabulous! Everything is spot on."
- We observed staff engaging with people in an environment which was calm and relaxed. People appeared happy and received support in a timely way.
- People who received 1:1 support were supported by staff who were focused on the care they were providing and were seen communicating with people in a friendly and compassionate way.
- The management team had considered people's protected characteristic under the Equality Act 2010. People were asked about preferred needs around characteristics such as race, religion and sexuality and this was documented in people's care records.

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

- People and their relatives were involved in the planning of their care and there were systems in place to enable people to express their views and wishes. One person said, "[Registered manager] has been in to see me today, they usually come and see me every month. I will also speak to [unit manager] regularly. Things have changed; for example, the food is a lot better. The head chef comes to see me, there are specific things I cannot have, and they come and check with me every day."
- Relatives we spoke with confirmed they were kept involved in their relative's care and were asked for their opinions on the care their relatives received through reviews and general discussions.
- We observed staff speaking with people and offering them choice in relation to their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people with dignity and promoted independence. One

person said, "Staff respect my choices and treat me with dignity. The staff know me and know what I like." A relative told us, "[Relative] can get around with a frame but there is always a carer to watch them to ensure they are perfectly safe."

- The clinical operations director had introduced dignity and respect champions who were responsible for improving and maintaining dignity in care and ensuring good practice was shared for consistent standards to be maintained across the whole home.

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 requires improvement. At this inspection this key question has now improved to good.

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; 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

At our last comprehensive inspection, people did not always receive care that met their needs and reflected their preferences and people were not receiving consistently personalised care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 9.

- There had been a notable improvement in care planning documentation. People's needs, choices and preferences were recorded in their care plans to support staff to meet their needs in line with these. Staff had received 'person-centred care' training to improve care standards.
- People and their relatives, where appropriate had been consulted about people's life history as part of an on-going piece of work to improve person-centred care.
- The 'Butterfly Initiative' had been introduced across the home to combat social isolation and reduce loneliness. People who were participating in the initiative had a butterfly symbol outside their door which indicated people were happy for staff to enter their rooms to chat. People had an aide-memoire on the back of the door which informed staff about life history, likes and preferences to aid conversation. We observed staff in people's room speaking with people as part of this project and people confirmed this was working well and they enjoyed the company of the staff.
- People were able to stay connected with relatives and friends throughout the pandemic using video calls. People told us, "I keep in touch with my family; I use my Alexa to call them", and "They [staff] support me to keep in in touch with my family." Relatives told us, "We were sent pictures of the cake they [staff] made for [relatives] Birthday and we have had a zoom call with the home", "The staff have excelled at using the pod for a visit; they should be applauded."
- People engaged in activities which were tailored to the individuals taking part. Where people did not want to get involved, they were offered alternative options, for example one person was asked if they would like to read and was offered a variety of magazines.

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.

- The management team had improved practices across the home to ensure they were meeting their obligations in relation to the AIS. For example, a new communication policy was in place and staff had received communication training. Communications champions were responsible for upholding the standards and had developed communication corners in the home where information and various pieces of equipment, such as magnifying glasses and white boards were accessible for all.
- People who had communication needs had been assessed and their care was provided in line with their support needs and personal choices. For example, we observed staff providing visual choices at breakfast time for a person who had a hearing impairment.

Improving care quality in response to complaints or concerns

- The number of complaints across the home had significantly reduced since our last inspection. People told us they were happier with the changes made and felt they could approach the management team at any time to discuss concerns or complaints.
- Relatives supported what people had told us. A relative said, "Before, it was difficult to discuss any concerns, but the new management team are brilliant."
- The management team provided people, relatives and staff with details of the complaints and whistleblowing policy and they were encouraged to feedback about the changes within the service and any on-going issues or complaints in order to effectively address concerns and continue to improve care.

End of life care and support

- The management team had been liaising with external professionals to enhance end of life care standards.
- The 'purple bow' scheme had been introduced, with its focus being to individualise the care provided to people who were at the end of their life to create a more personalised care pathway for people and their families.

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 inadequate. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The providers and management team were dedicated to developing the service and had worked closely with professionals and health and social care organisations since the last inspection to improve. The leadership team led by example and staff demonstrated the same attributes. The collective leadership and performance evaluation created a change which had significantly improved people's experience of living at the home.

At our last inspection the registered persons had failed to ensure systems in place were operated effectively to continually assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and provider was no longer in breach of regulation 17.

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

- The providers and management team had worked to create a positive and inclusive culture and improve standards of care across the home.
- People, their relatives and staff spoke positively about the changes in the home and felt the care had improved significantly. Our observations on inspection confirmed what we had been told. One staff member said, "Everything is better since the changes were made. Yes, there is more paperwork, but it is used to help the service and residents. In the past it felt like no-one looked at what we recorded. The communication has improved, we now also receive emails directly from the home informing us of changes and information we need to know which has helped us all." Another staff member said, "I am aware of all the changes that have been made after to talking to staff who have been here longer than myself but this has been beneficial for me as all the staff are learning new ways of working together. I really enjoy my job and go home at night with a sense of satisfaction that I have made a difference to somebodies' life."
- The registered manager told us, "We introduced our new mission statement which we came up with by asking the staff what this meant for them. It was important we did this as we needed to set the standards to provide high-quality care. We need to be accountable and make sure what we say is what we do."

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

- There was a clear scheme of delegation in place which enhanced the channels of communication and provided the management team with a full oversight of the service. People, relatives and staff were welcoming of the new management team structure. The management team were visible and approachable and had worked with people and staff across the home to communicate the changes which were taking place.
- Staff told us they felt the new management team had oversight of the units across the home as they were always on hand to offer support and guidance. One staff member told us, "We regularly see management on the unit, and I know they are aware of everything that happens here." The clinical operations director said, "We now have systems in place to find out information and we have the oversight."
- Since our last inspection, the clinical operations director and the registered manager had developed strategies to strengthen the leadership and governance. There were effective quality assurance systems in place and the registered manager continued to carry out a programme of audits to assess the safety and quality of the service and identify issues. These audits supported the management team to identify shortfalls which needed to be addressed. Where shortfalls were found, action was taken, and further improvements had been made.
- The providers had complied with conditions imposed on their registration with the CQC and had provided regular written and verbal updates about the improvement and development across the home.

Continuous learning and improving care

- The clinical director and registered manager developed an action plan following our last inspection. This had been used to enhance people's quality of care people and our findings on inspection confirmed this. The clinical operations director said, "We will continue to share this with our staff, residents, relatives, professionals and friends of Bradwell Hall Nursing Home for further ideas and implementation. We will only sustain until a better idea comes along!"
- Professionals we spoke with agreed significant improvements had been made at the service.
- The clinical operations director and the registered manager had experience of improving other services which were deemed to be requiring improvement and told us they had the knowledge, experience and skills to continue to improve Bradwell Hall. The clinical operations director had won awards at a previous service which went on to become a 'flagship' home in its local area and had been part of a panel for the National Institute for Health and Care Excellence developing guidelines and delivering presentations to other services about improving care and sustainability.
- There had been improvements in the culture at the service. The clinical operations director told us, "We have got the buy in and involvement from our residents and staff and other people involved with the care at Bradwell Hall Nursing Home. They have all been involved and been part of the team of change management. Therefore, the culture has shifted to one of involvement, development, ownership and pride to work in the service. We have been asked to talk about suitability, but we won't stand still; we will continue to develop and strive forward to provide excellence in care building, nurturing and improving. The staff are enthusiastic and passionate to be the best for our residents."
- The registered manager said, "The leadership is in place and we are all part of one team. Staff are passionate and committed and are driving the changes. We have strong unit leaders in place who have been upskilled; there is no stopping point."

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

- People were consulted about changes at the service and their care needs. For example, people were given questionnaires and surveys to complete. The registered manager told us resident meetings would become

more frequent and inclusive once the pandemic restrictions had been lifted.

- Relatives complimented the new management team and felt engaged with the service. One relative said, "The communications have improved with the new management. We get a newsletter that asks us for feedback."
- Staff were unanimously positive about the service and told us how they now felt involved, respected and listened to. Regular feedback meetings throughout the day supported staff to have the knowledge they needed to support people and staff had access to supervisions, staff meetings and surveys. One staff member told us, "I feel part of the movement forward, it feels positive. I am happy in the role and I feel totally supported", "I love working here! I think the changes are brilliant, [registered manager] is lovely, it is better for the residents living here since they joined", and "I love my job!"
- The new management team had introduced 'The green card' scheme where staff would receive recognition and praise for their hard work and achievements. A staff member said, "All this has really lifted staff morale and makes us feel really appreciated."
- CQC had received lots of positive feedback about the changes within the service. One comment received said, "I have noticed a remarkable change of atmosphere to one of positivity. Everybody is so friendly, chilled out and the general atmosphere is one of calm efficiency. Staff are friendly towards one another; they are wonderful with the residents that they care for. It is a delight to come to work." Another comment read, "Bradwell Hall is a lovely place to work and I would recommend it to anyone."

Working in partnership with others

- The providers, registered manager and clinical operations director had been part of an external improvement process with partner agencies. They had worked with a variety of professionals as part of the overall improvement programme for the home and had complied with all the requirements which had been placed upon them.
- The registered manager had begun creating community links with the local church and schools and stated they would continually develop these links to improve opportunities for people, post-pandemic.

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 registered manager understood their obligations under The Duty of Candour and had responded to people and their families where necessary as part of the on-going ethos of transparency and openness on the homes journey of improvement.