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Bradfield Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bradfield Residential Home is a residential care home providing personal care for up to 37 older people who may be living with dementia in one extended building. At the time of our inspection there were 32 people using the service.

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

People told us they were happy and felt safe living at the service. Potential risks to people's health and welfare had been assessed. There was guidance in place for staff to reduce the risks and keep them as safe as possible. Checks had been completed on the environment and equipment people used.

The service had been designed and adapted to meet people needs. There were signs to assist people to move around the service and pictorial signs to identify communal areas. The service was clean and odour free, staff were wearing personal protective equipment in lines with government guidance.

People received their medicines as prescribed. Staff had been recruited safely and there were enough staff to meet people's needs. Staff had received training appropriate to their role and to give them the skills to support people.

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.

People, relatives and staff told us the registered managers were approachable and they were confident to raise concerns. Relatives confirmed they were able to visit when they wanted and for as long as they wanted.

Checks and audits had been completed on all aspects of the service; action had been taken to rectify any shortfalls. People had been asked their opinion about the service and their suggestions had been acted upon.

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

Rating at last inspection

The last rating for this service was requires improvement (published 8 April 2019).

At our last inspection we recommended that the service seek advice and guidance from a reputable source, about the management of legionella and the service seek advice and guidance from a reputable source, about the design of the premises in relation to people living with dementia and/or visual impairment. At this inspection we found provider had acted on these recommendations and they had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Bradfield Residential 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by one inspector.

Service and service type

Bradfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bradfield Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 May 2022, to help plan the inspection and inform our judgements.

During the inspection

We spoke with seven people and three relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with seven members of staff including the registered managers, assistant manager, administrators, senior support carer and carer.

We reviewed a range of records. This included six people's care plans and all the medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider seek advice and guidance from a reputable source, about the management of legionella. The provider had made improvements.

- There was a legionella risk assessment in place. A comprehensive risk management plan was being followed including cleaning water tanks and running water through outlets that were not used regularly. Staff had completed training on how to manage the risk of waterborne illnesses. Checks on the environment and equipment had been completed including fire equipment and hoists to keep people as safe as possible.
- Potential risks to people's health and welfare had been assessed and there was guidance for staff to mitigate the risks. Some people were living with diabetes. There was information about how people would present if they became unwell and what staff should do. When people were prescribed medicines to thin their blood, there was guidance for staff to identify the side effects and what action to take.
- When people were at risk of developing sore skin, there was specialist equipment in place to minimise the risk. There was guidance for staff about how often to support people to change their position, what signs of deterioration staff should look for and report.
- Some people had a catheter to drain urine from their bladder. There was a catheter passport document in place with information about how to care for the catheter. There was a record of when the catheter had been changed, including when staff had informed the district nurses of a problem.

Systems and processes to safeguard people from the risk of abuse

- There was an effective system in place to keep people safe from abuse and discrimination. The registered managers understood their responsibilities to report any concerns to the local safeguarding authority. They worked with the local authority to reduce the risk of incidents happening again.
- Staff had received safeguarding training, they described different types of abuse and the signs they would look for. Staff told us they felt confident the registered managers would take appropriate action to keep people safe. Staff understood the whistle blowing policy and which outside agencies they could report concerns too.

Staffing and recruitment

- Staff were recruited safely following the provider's policies and procedures. References had been obtained to assess the character and previous conduct of the applicant. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us there were enough staff to meet their needs. We observed staff assisting people when they asked. Staff took people out in their wheelchair for a walk around the local area. One

person told us, "The girls always help when I ask, and they know what I need." Staff told us there were enough staff and they covered each other if staff were sick or on annual leave.

Using medicines safely

- Medicines were managed safely. Staff used an electronic system to record administration and stock. The system used bar codes to record the administration of medicines, this reduced the risk of the wrong medicine being given. There was guidance in place for medicines prescribed 'when required' such as pain relief about when to give them and how often.
- Some medicines had specific requirements for storage and administration. Staff had followed the requirements and administration records were accurate. Medicines were stored at the recommended temperature to make sure they remained effective. Bottles of liquid had the opening dates recorded, so staff knew when they should be discarded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People told us they enjoyed visits from their relatives and going out on trips with them. Visits could take place in people's rooms or the outside visiting pod if people preferred. We observed people going out on trips and receiving visitors in their rooms. Visitors told us, they could visit when they wanted, and staff supported people to be ready for trips.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed. Following an accident or incident an investigation form was completed, this included the outcome and action taken. The reports were reviewed each month to identify patterns and trends and to check if the action taken had been effective. Following falls, sensor mats and bedrails had been introduced and been effective at reducing the falls.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider seek advice and guidance from a reputable source, about the design of the premises in relation to people living with dementia and/or visual impairment. The provider had made improvements.

- There were now signs around the building to assist people to find their way. There were pictorial signs to identify communal areas such as lounges and toilets. People's doors had memory boxes on them to assist people to recognise their room. The building had wide corridors which were clear of obstacles. People told us they felt safe moving around the building including using the lift. There were adapted bathrooms and ensuite shower rooms to support people with their personal hygiene.
- People's rooms had been personalised to include ornaments and photos. When people had enjoyed arts and crafts, their work had been displayed in their room, which people enjoyed talking about.

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

- People met with the registered managers before they went to live at the service, to assess if staff could meet their needs. The pre-admission assessment covered all aspects of people's lives including protected characteristics under the Equalities Act 2010 such as religious beliefs. This assessment was used as the basis of the person's initial care plan.
- People needs had been assessed using recognised tools following best practice guidance such as Waterlow to assess skin integrity. The guidance recommended following the assessment was followed and used within the care plans.

Staff support: induction, training, skills and experience

- Staff had received training appropriate to their role. Relatives told us, staff had the skills to understand and support their loved ones appropriately such as when they were upset or anxious.
- Staff received training in topics they needed to support people such as diabetes and dementia. Staff told us, they were supported to complete their training and develop their skills. When staff were new to providing care, they were supported to complete the Care Certificate.

The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff told us they felt supported by the management team. Staff had regular supervisions to discuss their practice and development. Staff had been supported to develop their skills to undertake more responsibility.

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

- People were supported to eat and drink enough. People told us they enjoyed the food and there was always enough to eat. One person told us, they always enjoyed a cooked breakfast each day, which set them up for the day. The lunchtime meal was a social occasion and groups of friends sat together to chat and discuss their day. People told us, this made the meal more enjoyable.
- When people needed support with their meals, they were given protected time to make sure they were not rushed. People's meals were served in the way they needed for example soft or with extra sauce or gravy. We observed staff supporting people to eat their meals, they sat with them chatting, making sure they had finished each mouthful and offering drinks.
- People told us they were given a choice of meals. We observed the chef asking people what they would like for tea. People had a choice of cooked or lighter snacks in the evening. The chef knew people's preferences, joking with one person about them having cheese on toast every night.

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

- People were referred to health professionals when their needs changed. Staff monitored people's weight, when people lost weight, they referred them to the dietician. People had been referred to the speech and language therapist when people started to cough when eating or drinking. Staff followed guidance given by the professionals to support people to stay as healthy as possible.
- People told us, they were referred to the GP when they were unwell and were confident staff would recognise if they were unwell. People had been referred to the district nurse when required and staff had followed the guidance given to support people with long term conditions such as swollen legs.
- People were supported to attend hospital appointments and be involved decisions about their care where possible. People had access to health professionals such as the chiropodist, optician and dentist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity had been assessed and where appropriate DoLS applications had been made. There was a system in place to make sure applications were renewed as required. The registered manager made sure any conditions put in place by the DoLS authorising body were met.
- When people had been assessed as having capacity to make decisions, it was recognised they might make unwise decisions. Care plans had information about decisions people had made that might be unwise. Staff respected these decisions and there was guidance about how to support the person to remain as healthy as possible, such as deciding not to elevate their legs when they were swollen.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us, staff put people at the centre of everything they do. One relative told us, "They knew how to support [their loved one] and it was personal to them." People told us, staff supported them in the way they preferred and knew what they liked.
- We observed people going out with staff and their relatives. One family told us how the registered manager enabled them to use the minibus to take their relative out on trips. Other relatives told us, how the registered manager and staff had made them and their loved one feel important and special. One relative told us, "They go that bit further to make sure we are reassured and our loved one was comfortable."
- Staff told us how they recognised people as individuals. They knew people's backgrounds and family history in detail, this helped them to support people in a person centred way.

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 managers understood their responsibility to be open and transparent when things go wrong. Relatives told us, they were comfortable to raise concerns with the registered managers and were confident they would be dealt with quickly.
- Relatives told us, they had been kept informed when their relative had fallen or their health needs changed. People told us they knew who the registered managers were, and we observed people chatting to them.

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

- There was an effective system in place to monitor the quality of the service. Checks and audits had been completed on all areas of the service. When shortfalls had been identified, an action plan was put in place including who was responsible for completing the action. The registered managers confirmed when the action plan had been completed.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed their rating in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This is so we can check appropriate

action had been taken. The registered managers had consistently submitted notifications as required.

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

- People attended regular meetings to discuss their experience of the service and to hear their suggestions for the service. People were asked if they were happy living at the service and if they wanted to raise any concerns. Everyone said they were happy living at the service.
- People discussed the activities they wanted to do with the new wellbeing lead, who was developing an activities plan. They also discussed the menu; people suggested spaghetti Bolognese. At the inspection, this meal had been added to the menu.
- Staff attended regular meetings to discuss the service and their practice. Staff were able to make suggestions about the service including any training they would like to be included.

Continuous learning and improving care; Working in partnership with others

- The registered managers were part of local groups and received national guidance to keep up to date with changes within adult social care.
- The service worked with other agencies including public health and the mental health team to make sure people received effective support.