

Random inspection report

Care homes for older people

Name:	Bradfield Residential Home
Address:	Hawksdown Road Walmer Deal Kent CT14 7PW

The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Justine Williams	1	4	0	6	2	0	1	0

Information about the care home

Name of care home:	Bradfield Residential Home
Address:	Hawksdown Road Walmer Deal Kent CT14 7PW
Telephone number:	01304360960
Fax number:	
Email address:	manager@bradfieldresidentialhome.co.uk
Provider web address:	www.bradfieldresidentialhome.co.uk

Name of registered provider(s):	Mr David James Johnson, Mrs Brenda Eileen Johnson
Name of registered manager (if applicable)	
Mrs Brenda Eileen Johnson	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32

Conditions of registration:								
The maximum number of service users to be accommodated is 32								
The registered person may provide the following category of service only; Care home only (PC) to service users of the following gender; Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (OP)								
Date of last inspection								
Brief description of the care home								
Bradfield is a large, detached house situated in a quiet residential area of Walmer near Deal. The home is close to Walmer Castle and local shops. The home has just								

Brief description of the care home

completed an extension to the existing property and has been registered to provide accommodation to 32 older people.

A passenger lift is available for access to the two upper floors. All but two of the rooms have en-suite toilet and shower facilities and some of the upper rooms also have the advantage of sea views.

Mr. & Mrs. Johnson own and run the home together with their daughter. Mrs. Johnson and her daughter have both qualified for the Registered Managers Award.

Information on the service and the CQC reports for prospective service users will be detailed in the Statement of Purpose and Service User Guide.

What we found:

This focused inspection was carried out in place of the Key Unannounced inspection due to recent changes in guidance. A random inspection may be carried out in place of the Key unannounced inspection with the caveat that if any evidence comes to light through the AQAA or whilst on the random that raises concerns the methodology be converted to key.

The service returned the AQAA to us on time with the information we asked for, and with detailed information about improvements made, those planned for the future and areas they wish to improve. The manager was on holiday at the time of the inspection and the deputy manager was in charge.

We looked at two outcome areas, Complaints and Protection and Staffing.

Complaints and Protection.

The complaint policy needs to be updated to reflect the national address of CQC, rather than the former local office. The policy included in the service users guide does not include the timescales for acknowledging and responding to complaints, which are included on the main policy, the deputy manager said she will amend them to read the same. All complaints are logged in line with good practice for confidentiality and to comply with the Data Protection Act. The manager and deputy analyse the complaints on a regular basis to establish any emerging patterns and this feeds into the quality assurance program. All complaints however minor are recorded and dealt with. Service users spoken with said they felt very confident that any complaint they had would be listened to and acted upon. One Service users said her only complaint was the poor reception on the television. The aerial was being replaced during my visit.

The deputy manager demonstrated a clear understanding of her responsibilities in relation to adult protection allegations, there is a clear policy in place and the home has a copy of the local authority's policy. The home have not had any safeguarding alerts for some years. Staff receive training in the safeguarding of vulnerable adults on induction and again annually to ensure their knowledge is updated. Staff have safeguarding training booked in July. The recruitment checks on staff are thorough and help protect service users from abuse.

Staffing.

A written staff rota is kept which details the staff on duty and in what capacity, the first name and initial of the surname are recorded. the deputy manager agreed to include the full name so that in years to come should the need arise the staff can be easily identified. The numbers of staff are appropriate to the needs of the residents currently. Ancillary staff are employed in sufficient numbers to maintain the high standards of cleanliness, meals and nutrition, maintenance etc. 11 of the 20 care staff employed have attained NVQ, a further 2 staff are currently on courses and another is due to start in the near future. All new staff receive a full induction which is compliant with the Skills for Care.

There is a thorough and robust recruitment policy in place which is adhered to. 4 staff files were inspected. Two written references are obtained before new staff are appointed and new staff are confirmed in post following a satisfactory CRB and POVA check. Staff files contained proof of identity and photographs, and a copy of their contracts and job descriptions.

There is a staff training and development programme in place and a training matrix is used to keep track of when staff training updates are due, and have been completed. Staff receive training in core subjects as well as specific training, pertinent to the needs of the service users. The AQAA indicated that the home has fallen behind with training updates in infection control, safeguarding of vulnerable adults and health and safety. However all staff have now completed infection control training, safeguarding training has been organised for early July and then a date will be confirmed for health and safety training.

What the care home does well:

Service users were very satisfied with all aspects of the care home, including the quality of the meals, the cleanliness of the home, the activities and lifestyle they experience at the home and the friendly and approachable staff and management. One service user said "I have a lovely room, everything I need, and you couldn't find anywhere better", another said "the food is excellent, I've put on weight since living here. There is nothing they could do to make it any nicer, its lovely here".

All the service users spoken with said the staff were very friendly and caring and that they could discuss anything with the owners and managers of the home.

The home was very clean, and furnished and decorated to a very good standard and further improvements to the environment are planned, the managers hope to build another conservatory in the future. The home has a rolling plan for redecoration and replacement as part of its maintenance program.

What they could do better:

When the training updates have been completed by all the staff this will better protect service users.

No other areas for improvement were identified.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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