Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bradfield Residential Home

Hawksdown Road, Walmer, Deal, CT14 7PW Tel: 01304360960

Date of Inspection: 22 October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr David James Johnson & Mrs Brenda Eileen Johnson
Registered Manager	Mrs. Brenda Johnson
Overview of the service	Bradfield Residential Home is a detached privately owned care home. It provides care and support for a maximum of 32 older people. It is situated in a quiet residential area of Walmer near Deal. 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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We made an unannounced visit to the service and spoke to people who use the service, the Registered Manager and to staff members.

Not all the people at Bradfield Residential Home were able to talk with us directly to tell us about their experiences. We spent time with the people and observed interactions between the people and the staff.

Other people were able to talk with us and tell us about their experiences at the home. The four people we spoke with gave us positive feedback about the service.

They said: "There is always someone around to help me if I need it but they let me be myself." "They always ask me if I want to go to bed, but if I say no that is respected." "I have no complaints, not one. The food is marvellous." "The staff don't have much time to sit and chat but they always ask me if I am alright and if there is anything I need".

People told us that they were treated with respect by the staff that supported them and that their privacy was maintained. They felt listened to and supported to make decisions about their care. They said that they received the health and personal care they needed and that they were comfortable. They said that their likes and dislikes were taken into consideration.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw that people using the service were treated with respect by the staff that supported them and that their privacy was maintained.

Staff listened to people and answered their questions in a way that they could understand. We saw that the staff were friendly and people seemed relaxed in the home.

We saw that each person had their own bedroom. We noted that staff respected people's privacy and dignity by knocking on bedroom doors before entering, ensuring doors were shut when assisting people with personal care. Staff explained to people what they were they were going to do before they gave assistance and support.
People they had been consulted about their care and that staff took time to discuss with them how things were going. One person said, "They always tell me what is happening. They ask me what I would like to wear every morning".

We saw information about people's favourite things and what food they preferred and what they didn't like.

We heard staff actively listening to people when offering them choices. People told us they had the opportunity to join in with activities if they wanted to. Some people preferred to spend their time in their rooms and this choice was respected.

People expressed their views and were involved in making decisions about their care and treatment.

We saw staff behave respectfully and with patience, responding to each person's requests made both verbally and non-verbally. We saw that staff had taken the time to get to know each person's individual needs and what was important to them. Staff sat with people and gave reassurance. Staff were attentive when people moved around the home and supported them to be as safe as possible.

Staff had got to know the people living in the home well so that people were able to support and encourage people to make choices. People were able to express their

preferences for when they got up and went to bed, different foods they ate and what activities they participated in.

Some staff had received training on the Mental Capacity Act and Deprivation of Liberty. There were appropriate procedures in place for making complex decisions on behalf of those people who lacked capacity to make these decisions.

Activities included things like games, film afternoons and gentle exercise sessions. Some people said they enjoyed the activities others told us they preferred their own company and preferred to stay in their bedrooms. This choice was respected by the staff.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People said that they were satisfied with the health and personal care they received and that their independence was encouraged.

All of the people we spoke with said that they were well supported with their personal and health care, mobility and diet. This included assistance with everyday tasks such as washing and dressing, using the bathroom, eating and drinking and taking care of themselves.

Records showed that when people had been considering moving into the service their needs for care and support had been assessed so that they could be confident they would get the help they needed. People were invited to visit the home before they moved in and spend time with the people who lived there and the staff. One person who was planning to come and live at the service was receiving day care once a week so that they could used of the home and get to know the staff and the other people living there. This had been done so they could decide whether or not the service was right for them. A full assessment of their needs had been undertaken and an initial care plan developed involving the person and their relatives. The care plan would then be developed as the staff got to know the person better. This meant that staff had information and knowledge about the person and how to meet their needs immediately.

Each person had an individual plan of care that said what assistance they needed and wanted to receive. We looked at four peoples care plans.

The information included things such as responding to medical conditions, helping people with reduced mobility, how to keep skin as healthy as possible and helping people wash, dress and use the bathroom.

The plans were personalised and contained information about people's past what they liked and disliked. There was guidance on what staff should do if a person had to make sure people had enough to eat and drink and how best to communicate with people.

Staff said that these plans helped them to reliably provide care for people in ways that was right for them.

Some of the people had health conditions that required specialist intervention and support,

like diabetes, dementia or were on special medication for their specific conditions. The local community services gave guidance and instructions to staff to make sure that people's health needs were met in a way that was safe and suited them best. This was recorded in people's care plans.

The provider may find it useful to note that some parts of people's care plans did not show that they had been reviewed to help make sure they were up to date and accurate. This means that people's changing needs may not be identified so that support could be provided effectively.

The provider may also find it useful to note that some of the plans identified people's needs but did not give clear instructions to staff on how to support and meet the needs fully. For example a person who had diabetes was monitored by the community matrons and they monitored the person's blood sugar daily, however there was no guidance for staff in the care plan about what to do if the person's condition deteriorated, the signs and symptoms and what action they should take.

There was also minimal information about how people would like to be cared for at the end of their life. This meant that service did not know how people would prefer to be supported at this time and what arrangements they or their relatives had made. The management team were aware of this shortfall and this had been identified in the services quality assurance audit.

Potential risks had been assessed so that people could be supported to stay safe by avoiding unnecessary hazards. There were falls risk assessments in place to make sure that people were kept as safe as possible from the risk of falling over.
Assessments were in place to make sure that people's skin was kept as healthy as possible. People were seen using equipment such as special cushions and mattresses to help keep their skin healthy.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People told us that they felt safe in the home. They said they could discuss any concerns they had with the Manager. Observations during the visit showed there was a relaxed atmosphere and people chatted freely and openly with each other, the staff and management.
One person said, "It's just wonderful here, everything is checked and I feel safe."

People told us that they had no complaints or concerns about the service or the staff. They said they would be confident to approach the Manager.

There was a procedure in place for people to raise complaints and concerns and this was accessible to people at the home and any one else who visited the service. The provider took all complaints and concerns seriously and these were recorded and there was a log of the actions taken to make sure the complaint /concern was resolved as quickly as possible.

There were procedures in place that described the action that staff should take in order to keep people safe from abuse. Staff knew what to do to keep people safe and had received relevant training. The provider had a 'whistle blowing' procedure that described how staff should respond to any concerns or allegations of abuse.
The staff we spoke with about this matter had received training and they had a good knowledge of how to keep people safe. This included the need to immediately act on any concerns by telling someone senior and if necessary by contacting external regulators.

Security checks including references and a police check had been completed for staff. These had been done to help make sure that they were trustworthy to work with people who were vulnerable.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. When staff started working in the home they received induction training, which gave them the essential knowledge of the role and training around health and safety issues. New staff worked alongside the team to begin with, shadowing experienced staff to get to know the people using the service and the routines of the home.

Some of the staff we spoke to were able to tell what training they had completed and we saw records that confirmed this. They included attending courses in mandatory subjects such as fire awareness, infection control and food safety.

The service provided specialist training to make sure that staff had knowledge and skills to look after people with conditions like diabetes and dementia.

Staff said and records showed that the company's training programme had been implemented this was an ongoing training programme to make sure the staff received the necessary updates and refresher training when it was due.

Staff told us that they felt supported by the Registered Manager of the home and they said that the staff team worked well together.
Staff told us they were receiving guidance from the Manager and their work was monitored to make sure that they continued to meet people's needs in a reliable way.

There were regular staff meetings and handovers between shifts. This meant that staff had the update information about peoples changing needs. The staff felt supported to carry out their roles effectively and safely. Staff competencies checks were carried out. Records showed that individual meetings were carried out on regular basis. This helped staff develop and promote their skills and knowledge so that this could be used to benefit the people at the home and themselves.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff and other stakeholders were asked for their views about their care and treatment and they were acted on. The last Quality Monitoring Survey took place in September 2012. The results were in the process of being analysed and these would be available to people in the home and any one who came to visit the service.

We looked at the results of the questionnaires completed by of the people living in the home and their relatives. These demonstrated that the quality of the service was monitored and concerns addressed appropriately. The provider took action when shortfalls were identified.

Quality checks had been completed on key things such as fire safety equipment and hoists and the electrics to make sure they were all efficient and safe. The Registered Manager told us and we saw records that showed that regular audits on things like medication and care planning were carried out on a regular basis to make sure people were receiving the care and support they needed effectively and safely.

There were also regular infection control audits and maintenance audits which identified areas of the service that needed renewal or redecoration. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. We saw there was an organised system for recording and analysing accidents such as falls and when necessary action had been taken to reduce the likelihood of them happening again.

Regular meetings were held to discuss the general running of the home and how to make improvements. We noted there were systems that contributed to people receiving consistent health and personal care. These included having handover sessions at the beginning and end of each shift. At these meetings each person's needs were reviewed so that the support they received was appropriate for their current circumstances.

We were told that people and their relatives were encouraged to come and speak to the Registered Manager at any time to discuss any issues regarding the service and the care they were receiving and we saw recorded evidence of this and the action that had been taken.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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