



# Inspection Report on

**Bradshaw Manor Care Home**

**2 Chester Street  
Rhyl  
LL18 3ER**

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## **Description of the service**

Bradshaw Manor is situated on the promenade in the seaside resort of Rhyl. The home is registered to provide both personal and nursing care to a maximum of 66 people, within this number the service may also accommodate people living with dementia and three people under the age of 65 years. There were 63 people resident in the service at the time of the inspection.

Barchester Healthcare Homes Ltd is the registered provider. The company has nominated an individual to oversee the service and Care Inspectorate Wales (CIW) recognise this person as the Responsible Individual (RI). The acting general manager is not yet registered with Social Care Wales (SCW).

## **Summary of our findings**

### **1. Overall assessment**

Since our previous inspections on 26 July 2017 and 13 September 2017 there has been progress in the service's ability to meet regulatory requirements and improve the outcomes for people living within the care home. People are cared for within an environment where the cleanliness has greatly improved. Staffing numbers and the deployment of care staff has been reviewed, we observed people receiving care and support in a timely manner. People spoke highly of the staff who they receive care and support from. Recommendations for improvement can be found in Section 5.2 of this report.

### **2. Improvements**

Since our last inspection, the following improvements have been made to the service:

- During our inspection on the 26 July 2017 we identified areas where the registered person was not meeting the legal requirements. A non compliance notice was issued in relation to Regulation 13 (3) environment and Regulation 18 (1) (a) staffing. Compliance in relation to sufficient staffing levels and the cleanliness of the environment have been achieved;
- The supervision of residents within communal lounges has improved;
- The timing of the medication rounds and the mid morning food and drinks round has improved;
- The front door access during day time is safe and secure.

### **3. Requirements and recommendations**

Section five of this report identifies our recommendations to further improve the service, these relate to:

- The care documentation within people's rooms should be reflective of peoples needs in line with their care plan and in sufficient detail to provide staff with clear guidance.

- There should be no unexplained gaps on the Medication Administration Record (MAR) chart for regularly prescribed medicines. We recommend the care home continues to regularly audit MAR charts to ensure safe medication administration and recording. This will ensure there are sound and robust systems in place in relation to the management of medicines.
- Review the statement of purpose and service user guide to include reference of the provider's position regarding an active offer in relation to the Welsh language and the care home's 'resident of the day' strategy.

# 1. Well-being

## Summary

People living in Bradshaw Manor care home are supported by kind and caring staff. People living at the home are treated with dignity and respect. Residents are able to exercise choice and their opinions are valued.

## Our findings

People relate well and have good relationships with the staff that care for them. People are treated with kindness and warmth; we observed staff interacting with people in a way that enhanced their well-being and residents responded positively to the support offered. Observations throughout the day and feedback received from residents indicated people's dignity was promoted. We spoke with two people who said: *"very happy with my staff-they do everything so willingly"* and *"the staff are very good."* A visiting relative told us *"carers are very kind, they are very approachable. I am able to visit every day."* We observed a person who was anxious and a member of staff promptly offered reassurance and spent time with them until their anxieties reduced and offered them a choice of where they would like to sit. The approach of staff was gentle and care was not rushed. When staff entered the room they greeted people in a positive manner. We observed staff knocking on doors prior to entering rooms. We witnessed a person stating they wished to receive personal care later, their wishes were respected. People receive care and support from staff who treat them kindly and with respect, their dignity is promoted.

People's needs are anticipated. On the day of our inspection visit we saw people received timely care and observed the communal areas of the home to have a staff presence. Since our last inspection the care home has developed a communal area observation tool to document staff presence within the lounges. We considered the records relating to the daily number of staff on duty between 2 October 2017 and 26 November 2017, compared this with the care home's assessed levels of staff needed. We concluded that generally optimum levels had been achieved from the information provided; there had been occasions where staffing levels exceeded assessed levels and occasions where assessed levels had not been met. The acting manager advised us that during times of staff sickness agency care and nursing staff are commissioned by the care home to cover staff shortage. People generally receive care and support in a timely manner to ensure their well being.

People have opportunities to take part in activities they are interested in. The quality and range of activities at the home continues to develop and improve. We spoke with the acting general manager and activities coordinator relating to their future plans in relation to activity opportunities for people who remain in bedrooms. We were told of plans for a member of staff to be employed to support residents with medical appointments, hospital admissions and also provide support to interact and engage with people who remain in their rooms. We saw the Christmas cake which was made by residents, relatives and staff and which had won 1<sup>st</sup> prize in Barchester Health Care Homes Christmas cake competition throughout all care homes within the company. We were provided with a copy of The Weekly Sparkle, a weekly newspaper created for residents detailing what happened 'on this day' in history. We were also given a copy of the Weekly activities poster for the week commencing 18

December which detailed activities for the week which included a pantomime trip, school children coming to sing at the care home and one to one time with residents. People have things to look forward to and have access to activities that they are interested in.

## **2. Care and Support**

### **Summary**

People's care needs are understood by care staff. Residents receive support from a range of visiting health and social care professionals. We saw when people's needs change; referrals are made in order for assessments to take place to ensure that the right care is provided. However, improvement is needed in relation to the care documentation within people's rooms so that they are reflective of people's needs in line with their care plan and in sufficient detail to provide staff with clear guidance. We have recommended the medication administration practises of the home be continually reviewed during regular audits to ensure there are no unexplained gaps within Medication Administration Records (MAR).

### **Our findings**

People are as well as they can be because their needs are anticipated. We saw the care files of four people; we found care documentation was comprehensive, clear about people's care needs and how these were to be met, and the information was reviewed monthly. We found individual health needs were being monitored appropriately and timely referrals were being made to health and social care professionals where people's needs changed. We saw guidance is usually in place in order to direct staff how to support people living at the home, however, the instructions in people's bedroom care documentation needs to be clearer and more explicit in order to ensure consistent care with what information is detailed within the people's care plan and risk assessments. We identified that the guidance provided to staff in relation to maintaining skin integrity and providing pressure relief within one person's bedroom care documentation was not always as specific as it could be. We brought this to the attention of the acting manager. We recommend that the front file index sheet for bedroom care documentation for residents who are at risk of skin breakdown is reviewed, updated as necessary and regularly audited. We were provided with a copy of the care home's Tissue Viability strategy which was detailed in relation to promoting good skin care.

We viewed a sample of people's Medication Administration Record (MAR) charts during the visit. We found gaps in signatures within MAR charts for two people. The acting general manager assured us they would identify the instances and discuss with the individual staff members during supervision. We observed improvements had been made to the timeliness of medication administration. The acting general manager told us they carry out weekly audits and when gaps in the administration of medication are identified, they are referred to the local authority's safeguarding team. The care home has systems in place to analyse gaps in the administering of medication, these need to be sustained to ensure receive their medication as prescribed.

### **3. Environment**

#### **Summary**

Bradshaw Manor care home's environment is clean and comfortable for its residents. The home's front door entry system keeps residents secure and safe.

#### **Our findings**

People live in a safe, comfortable and clean environment. We visited six bedrooms and visited all communal areas of the care home and saw that they were clean and tidy. People's bedrooms were personalised with people's belongings which promoted a homely feel. Communal areas were kept hazard-free to maintain residents' safety and there were no unpleasant odours. On the day of the inspection, the lounge chairs in sea view communal lounge had not been replaced and were stained, we have received confirmation funding has been authorised to replace these chairs. We found the entrance to the home was secure as it was locked, with a code visible for people whom do not have a Deprivation of Liberty Safeguards (DoLS) in place, to be able to enter and leave the building as they wish. We saw wheelchairs were clean and were provided with evidence they had been recently cleaned within the Hoist/wheelchair cleaning schedule. We were provided with a copy of the infection control policy which outlines housekeeping staff should record all cleaning routines, we saw evidence of this. People living at the care home have access to a clean, tidy and safe living environment which is suitable for their needs.

## **4. Leadership and Management**

### **Summary**

Bradshaw Manor care home promotes safe practice in relation to the employment of care staff. Staff are well led and feel supported. The care home demonstrates a commitment to quality assurance. People do not receive a service in Welsh.

### **Our findings**

People using the service can be confident there is sufficient staff on duty to meet their needs. There were ten care staff, four nurses, one agency nurse, head chef, two kitchen assistants, two laundry staff and three cleaning staff on duty on the day of the inspection. We observed people received their mid morning drinks and snacks at an appropriate time between breakfast and lunch, medication was administered in a timely manner and there was no delay in people receiving personal care in the morning. People benefit from an efficient service where safe practices are followed in relation to the level of staff available to support them.

People receive care and support from staff who are safely recruited and regularly supervised within their role. We examined four staff files which contained the required information to ensure staff suitability and fitness to work with vulnerable people; references had been sought and disclosure and barring service requests had been completed. The supervision matrix record demonstrated care staff received bi-monthly supervision. We spoke with care staff who stated that the acting general manager was approachable and supportive. The acting manager told us they felt supported by senior management within the organisation. We found the acting general manager to be open, transparent and demonstrated a good level of understanding of people's care needs and the responsibility involved to ensure regulatory compliance. We conclude people are aware of the lines of leadership and responsibility at the home.

People have access to information about the home. We viewed the home's statement of purpose and service user guide. These are important documents which provide people with information about the service, including the facilities available at the home. We saw that the documentation was comprehensive in relation to the care provided, however, the care home has a 'resident of the day' system in place, we spoke with the regional manager and the acting general manager in relation to this, we were told that this system is in place by the registered provider to ensure all the care documentation and wishes and feelings relating to the person is up-to date and the maintenance in a person's room is completed etc. There is no information relating to this available to people and their relatives, we recommend this information is added to the statement of purpose and service user guide. The statement of purpose continues to require improvement as it does not include reference to the provider's position regarding an 'Active Offer' in relation to the Welsh language. The 'Active Offer' is a Welsh Government initiative which promotes people to receive a service in Welsh if they wish, without having to request it. People are informed of their rights and the services available to them, residents cannot receive a service through the medium of the Welsh.

People benefit from a service which is committed to quality assurance. The acting general manager and acting unit leader jointly completed an in-house unannounced inspection of the service on the 20 December 2017 between 03:00am and 05:00am which looked at many areas surrounding the quality of care people receive, the safety of the building and the completion of care records etc. The home has monthly home quality and clinical governance meetings, staff meeting, residents and relatives meeting are regularly completed. The care home has a concerns and complaints procedure, we saw the complaints file which evidenced when people highlighted a complaint, the complaints policy was being followed. People and care staff are provided with opportunities to give their opinions about the service and to be involved in the development of the service; this enables people to feel valued and listened to.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none"><li>• <b>The service is not compliant with Regulation 18. (1) (a) of the Care Homes (Wales) Regulations 2002. The registered person shall, having regard to the size of the care home, the statement of purpose and the number and needs of service users (a) ensure that at all times suitably qualified, competent, skilled and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users. This is because staffing levels or the deployment of staff did not ensure that people living in the service received care and support in a timely manner.</b></li></ul>	<b>18 (1) (a)</b>
<ul style="list-style-type: none"><li>• <b>The registered provider is not compliant with Regulation 13 (3). The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home. This is because the domestic hours were not sufficient to enable the service to be cleaned adequately.</b></li></ul>	<b>13 (3)</b>

We found evidence that the acting manager had implemented systems to address the above areas of non-compliance. We have included further details in the report and recommendations below.

## **5.2 Recommendations for improvement**

- The care documentation within people's rooms should be reflective of peoples needs in line with their care plan and in sufficient detail to provide staff with clear guidance.
- There should be no unexplained gaps on the Medication Administration Record (MAR) chart for regularly prescribed medicines. We recommend the care home continues to regularly audit MAR charts to ensure safe medication administration and recording. This will ensure there are sound and robust systems in place in relation to the management of medicines.
- Review the statement of purpose and service user guide to include reference of the provider's position regarding an active offer in relation to the Welsh language and the care home's resident of the day strategy.

## 6. How we undertook this inspection

We Care Inspectorate Wales (CIW) carried out an unannounced inspection on the 21 December 2017 between 9:50am and 17:50pm which was undertaken in response to outstanding areas of non compliance issued by CIW on the 26 July 2017.

Prior to the inspection we received a concern relating to the care home's complaints procedure, the security of the environment and that there was no place for family or friends to meet with residents in private. We looked at these issues as part of our inspection visit and found the complaints procedure and security of the building to be satisfactory. There is a private room available for the use of residents to meet with their friends and family.

We used the following sources of information to formulate our report:

- The two previous inspection reports;
- the statement of purpose;
- the service user guide;
- unannounced site visit report dated 20 December 2017;
- monthly home quality and clinical governance meeting dated 30 November 2017;
- staff meeting minutes for meeting dated 9 November 2017;
- residents and relatives meeting minutes for meetings held on 29 September 2017, 30 October 2017 and 30 November 2017;
- observations of daily routines, care practices, and activities at the home. We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us;
- discussions with the acting general manager, two people living at the service, one relative, and four members of staff;
- examination of the care documentation relating to four people living at the home;
- examination of four staff files and staff supervision matrix;
- tour of the building and we saw six bedrooms;
- staff rotas between 2 October 2017 and 26 November 2017;
- Infection Control, Tissue Viability and complaints policy.

We took six service user, six relative, six staff and six professional questionnaires with us to the service. We received one completed questionnaire from a relative.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Barchester Healthcare Homes Ltd
Registered Manager(s)	
Registered maximum number of places	66
Date of previous CSSIW inspection	13/09/2017
Dates of this Inspection visit(s)	21/12/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	