



# BRADBURY GRANGE

## **FINDINGS OF CQC VISIT**

14th - 15th November 2018



# Introduction

Each time the Care Quality Commission inspects a care home, it issues an inspection report. This gives feedback on what inspectors found and what recommendations they make to the people who manage the home. From this, the providers need to produce an action plan, which needs to be agreed with the CQC.

At MHA, we took the decision to make a summary of our action plan public for all inspection reports as we want to be open and honest with our residents and their families and friends. In this action plan, you can read what the inspectors said to us and what our response and actions to those are.

**In addition, you can also see what our residents, their families and friends have said about our homes on our care home web pages at [www.mha.org.uk](http://www.mha.org.uk). There you will find the latest reviews about our homes that are posted on the independent website [www.carehome.co.uk](http://www.carehome.co.uk)**



Improving the quality of life for older people across the UK



# Is the service safe?

## What did the CQC inspection tell us?

### The service was not consistently safe.

- ▶ Recruitment processes were not entirely robust.
- ▶ Potential risks to people's health, safety and welfare had been assessed. However, there was not consistent, detailed guidance for staff to follow to mitigate the risk.
- ▶ There were sufficient staff on duty to meet people's needs, supported by a team of volunteers. People were protected from abuse, staff understood their responsibility to report any concerns.
- ▶ Medicines were managed safely and people received their medicines as prescribed.
- ▶ The building was clean and odour free. Staff used gloves and aprons when required, to reduce the risk of infection.
- ▶ Accidents and incidents were recorded and analysed. Action was taken to reduce the risk of them happening again.

## Our plan of action

### Making the service safe

- ▶ To ensure our recruitment processes are robust and compliant with MHA's recruitment policies, our Human Resources department has carried out a full audit of personnel files. Where issues have been identified, they are now being addressed. Measures are now in place to ensure that relevant checks are completed going forward, and prior to staff commencing in post.
- ▶ We will continue to assess people's risk to health, safety and welfare. We will ensure that this is consistent and will have detailed care plans to support all staff and residents.
- ▶ We will continue to build on and improve the positive care practices already in place.

# Is the service effective?

## What did the CQC inspection tell us?

### The service was effective.

- ▶ People's needs were assessed to make sure that staff could meet their needs.
- ▶ Care was developed in line with current guidance.
- ▶ Staff received training appropriate to their role. Staff received supervision and appraisal to develop their skills.
- ▶ People were supported to eat a balanced diet and maintain as healthy lifestyle as possible.
- ▶ People were referred to specialist healthcare professionals and staff followed their guidance to keep people as healthy as possible.
- ▶ The building had been adapted to meet people's needs.
- ▶ Staff were working within the principles of the Mental Capacity Act 2005.

# Is the service caring?

## What did the CQC inspection tell us?

### The service was caring.

- ▶ People were treated with kindness, respect and were given support when they were anxious.
- ▶ People were supported to express their views about their care.
- ▶ People's dignity and privacy were respected. People were supported to be as independent as possible.

# Is the service responsive?

## What did the CQC inspection tell us?

The service was responsive.

- ▶ Care plans contained details about people's choices and preferences and were reviewed regularly.
- ▶ People were supported to take part in a range of activities they enjoyed.
- ▶ People were supported at the end of their lives.
- ▶ Complaints were recorded and investigated following the provider's policy.

# Is the service well led?

## What did the CQC inspection tell us?

### The service was not consistently well led.

- ▶ A new manager had been appointed in September 2018, they had not yet applied to register with the CQC. This is a condition of the provider's registration. The manager understood their regulatory responsibility and had submitted statutory notifications as needed.
- ▶ People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the management.
- ▶ There was an open culture in the service, focused on improving the service for people.
- ▶ Checks and audits had been completed. When shortfalls had been identified, action had been taken to rectify the shortfall and drive improvement.
- ▶ People, relatives and staff were given the opportunity to express their views about the service.
- ▶ The service worked with other agencies to improve people's experience.

## Our plan of action

### Making the service well led

- ▶ The newly appointed manager will register with CQC.