



Inspection Report on

Bradshaw Manor Care Home

**2 Chester Street
Rhyl
LL18 3ER**

Date Inspection Completed

01/05/2019

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Description of the service

Bradshaw Manor is situated on the promenade in the seaside town of Rhyl close to local amenities. The home provides personal care and nursing care for a maximum of 66 people.

The registered provider is Barchester Healthcare Homes Limited. The company has appointed a person as the Responsible Individual (RI) to oversee the service. The manager is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People can be confident of a clean, homely environment with good facilities and numerous communal areas so people have choice about where to spend their time.

Staff training is comprehensive and an established staff team are enthusiastic and passionate about their work and the people they support. A solid management structure is on hand, which values all staff and their contribution, to facilitate the smooth running of all aspects of the home. There is an open and transparent approach, which gives people and their families a real sense of confidence in the organisation and reinforces a culture of learning by experience.

People have a good range of group and one-to-one activities to keep them active and stimulated and people receive support to enable them to exercise choice and to be as healthy and independent as they can be.

2. Improvements

This was the first inspection of the service since it was formally registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 1 March 2019.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

- Update the statement of purpose to demonstrate how needs of the people the home supports will be effectively met and to make reference to the provision of the 'Active Offer' of the Welsh language.
- Replace and refurbish older furniture and furnishings.

- Support the needs of people with cognitive impairment to help them make successful choices in relation to personal preferences.
- Make provision for all care files and records to focus on being person centred rather than task orientated.
- Ensure that all information written in care files and records is legible.

1. Well-being

Summary

People are encouraged to be independent and to exercise choice over preferred activities and day-to-day events. People have positive relationships with staff and one another and have opportunities to involve their relatives and people that matter to them in social events. Individualised communication aids would further enhance some people's well-being to support informed choices.

Our findings

People live in an accommodation which maximises their independence and potential. We saw that people were free to access communal areas of the home both independently and where needed, supported by staff members, helping people to maintain their sense of autonomy. We observed the lunchtime dining experience on Memory Lane and saw that staff support was discreet and delivered with warmth at a relaxed pace in a quiet environment, meaning that people were not rushed and were enabled to make choices around personal preferences and how their support was undertaken. We did however see that some people would have benefitted from the use of personalised communication aids to further support them to make choices more easily. We discussed this with the registered manager and recommended that this area should be further developed. Fresh drinks and snacks were freely available in all communal areas of the home, empowering people to help themselves and therefore maintaining a sense of independence in relation to their own needs and that of their visitors. Overall, people benefit positively and experience enhanced well-being when they are able to maintain their independence and make choices to suit their individual needs.

People can do things that matter to them. We reviewed responses to our questionnaires from relatives, which offered a mixed reaction. One person told us that although they would like to; *"See their relative supported with access to a tablet computer for video calling"*; they also stated that; *"Generally this is a very good establishment, with good staff and good facilities. I am happy with [my relative] being here"*. Whilst another relative responded to one of our questionnaires and stated that they felt their relative; *"Was not supported regularly enough to leave their room"*. They also stated they had not however utilised the complaints procedure and had facilitated a meeting with the registered manager in relation to matters and that the meeting had reassured them at the time.

We observed people undertaking activities of their choice independently, such as watching television and painting. A full time activities co-ordinator was employed at the home and during our visit we observed 1:1 activities with people on Memory Lane. One person was enjoying having a manicure and chatting about their past and their family. Another person was looking at some artwork they had recently completed and was supported to decide

where it should be displayed. We saw that 1:1 activities were scheduled on a regular basis, meaning that if people could not access group activities they had a suitable alternative to meet their needs. The weekly activities schedule was clearly visible in all communal areas so people could prioritise effectively and plan their time. Activities involving people's relatives were also planned, such as a memory walk along the promenade so that people could be supported to undertake activities alongside their families and loved ones. People experience enhanced well-being as they have meaningful things to do, which are important to them on a day-to-day basis.

People feel they belong and have safe positive relationships. Scrapbooks were available in the main reception area which detailed important events and how they were celebrated, such as milestone birthdays, group fundraising and cultural days. Photographs accompanying each page showed people smiling, enjoying themselves and having fun. People we spoke to told us they were happy. One person told us; *"I am happy here, I feel at home and I am well looked after."* Another told us that they; *"like the staff and the food"*. We saw staff giving support to people in communal areas and in people's rooms. A call bell was pressed, and within seconds, we saw a member of staff looking to see which area and then going to attend to the person's needs in a timely way, meaning that the person was not left to wait around for someone to help. Staff interactions with people showed warmth and respect. Staff members got down to people's eye level to engage with eye contact and used positive open body language. Staff and people spoke to one another with humour and affection, and people engaged with one another socially, demonstrating people had forged friendships and positive relationships with one another. People feel valued and have an uplifted sense of well-being through responsive care, which makes them feel safe and able to build relationships where people are included, recognised and accepted for who they are.

2. Care and Development

Summary

People are safeguarded and care and support needs are well met by individualised care plans. The emphasis for care planning needs to be person centred for all people, rather than a task orientated focus. A clinical lead allows people's health priorities to be effectively met.

Our findings

People are safe and protected from harm, abuse and neglect. A response to our questionnaire from a relative had stated that sometimes they had observed security which they said was; "*not great*;" They went on to describe a situation which they felt was unsafe. It is not clear if they had challenged this situation or reported this matter to a member of staff, as safeguarding vulnerable people is not just the responsibility of staff at the home but the responsibility of everyone. We tried to contact the person to discuss matters further with them, but at the time of writing the report they were not available to speak to us. We did however note there were no matters reported about this incident to either ourselves or other external agencies, which had any impact on the safety or security of people living in the home. On our arrival, we had to sign the visitor's book and ring the bell to access the home as the front door was locked. A reception desk with a staff member was located in the main area of the home, meaning that only people with a valid purpose to visit the home could access it. Paperwork we reviewed demonstrated that the registered manager referred matters, which affected people's safeguarding to the relative authorities and external agencies. Certain areas of the home had internal code locks, with the code provided above the door so people who were able, could access these areas should they choose to. In conclusion, people benefit positively from a service, which prioritises people's safety and security.

People's individual needs are mostly understood and anticipated. We received feedback from a visiting professional who stated that; "*Any concerns are dealt with and addressed immediately*", and all medical and nursing needs are met to a good or very good standard. They did however also say that they; "*Occasionally struggle to read some handwriting in people's care files*". During our inspection, we did not see that this had had any immediate or adverse impact on people living in the home but managers should review files on a regular basis and feedback to staff members in relation to entries that are difficult to read, as this could potentially put people at risk of harm. We reviewed a sample of care records for people living in the home. Care records should inform the reader of people's immediate and changing needs and how these are able to be effectively met. Some were written in a very person centred way while others were more task orientated and therefore did not focus on the person. We discussed this with the registered manager who told us that recent staff training had been given in relation to this and that this was an area they would like to work

to continue to improve. We saw the content of care records were all individualised, with each person having risk management plans and routines identified which were pertinent to their own needs and risks, meaning that people's needs were able to be met by the staff who cared for them. Timely referrals to relevant professionals were also clearly documented, where required, meaning that people could benefit from the most up to date systems and health services available to them. We spoke to a visiting relative, they told us that they; *"Are always informed of any relevant information in regard to their relatives care, such as appointments or any problems and communication is excellent."* People benefit from a service where responsive care planning enables people's individual health needs to be met effectively.

People are supported to be as healthy as they can be. The home has recently created a new post of a clinical lead. This person now oversees tissue viability and nutritional needs for people within the home and liaises with visiting professionals to maintain a joined up approach in relation to improving and maintaining a high standard of care for people. Allergan information for everyone living in the home was discussed daily at a morning briefing, where the chef and heads of department were all present so that relevant important information could be easily cascaded down to ensure people were effectively supported. To further underpin this information, daily briefing paperwork was available to staff which detailed each menu item for the day and the potential allergens that each dish contained. These were easy to follow, on one page and also had pictorial references which meant that staff could be confident that they had all the information they needed in order to safeguard people with food allergies and intolerances. Care files we reviewed had MUST charts and nutritional information, as well as dietary requirements for people to further support people from weight loss and malnutrition. People benefit positively from a service where responsive care is provided which effectively supports people's health needs.

3. Environment

Summary

All areas of the home are clean and comfortable. Some areas would benefit from refurbishment. Facilities in the home are good and people have access to personalised specialist equipment. Local amenities are easily accessible and the gardens and grounds are pleasant and well maintained.

Our findings

People live in accommodation that meets their needs and supports them to maximise their independence and achieve a sense of wellbeing. We visited all communal areas of the home and saw that these were clean and tidy with no odours. We identified some areas which would benefit from refurbishment works and some older furniture, which was worn and would benefit from a program of replacement. We discussed these matters with the registered manager who informed us that they had already identified improvements needed to be made and they had already begun to order new items and prioritise areas for replacing furniture, soft furnishings and carpets.

We saw that wardrobes, in the rooms we viewed, were attached to the wall, meaning that people were not at risk from pulling heavy furniture on themselves. A maintenance person, gardener and designated domestic and laundry staff were employed in the home, each with specific responsibilities for their own area which helped to ensure that the environment of the home is pleasant, clean and a nice place for people to live.

When asked what they liked best about the home, relative responses to our questionnaire stated; "*Good facilities with well kept gardens*"; and; "*Very good location with parking*", another relative said; "*Easy access if we needed to see our relative urgently.*" The home is situated close to local amenities and the town centre. The sea front promenade and a public house and restaurant are adjacent and these facilities, with easy access, are often utilised by the people living in the home.

Areas of the home provide objects of reference to the walls and corridors. A piano with music playing and seaside objects; a wall with film memorabilia and pictures of movie stars and a garden wall with artificial and tactile foliage support people with cognitive impairment to effectively navigate their way around. The large home is separated into smaller areas, each with its own communal area, which makes it more homely and inviting. There are quiet areas if people prefer and some larger lounges with televisions and ample seating, giving people choice about where to spend their time. A large conservatory brings the outside inside and also facilitates access to an enclosed and secure garden space.

People can personalise their own rooms with furniture, pictures and photographs. Where people require specialised equipment, this is obtained for their own use, so people are not having to share with others and can therefore access items whenever they should need them. In conclusion, people live in accommodation, which meets individual needs, provides opportunities for socialising and positive engagement and effectively encourages and supports independence.

4. Leadership and Management

Summary

Designated staff have responsibilities for specific duties to facilitate the smooth running of the service. The registered manager and senior staff work hard to support a close-knit team who take pride in the work they do and demonstrate genuine care and affection for the people they support.

Our findings

People can access information when they need it, to help them manage and improve their well-being. We did have a questionnaire response from one person living in the home who stated that they did not have sufficient opportunity to speak Welsh within the home, however they stated that overall, they were happy. We saw some information was available in the Welsh language, however we did not see reference to the provision of the 'Active Offer' of the Welsh language within the homes statement of purpose. We discussed this with the registered manager and made a recommendation for this information to be included, so people have information in relation to their individual language needs and how these can be effectively met.

We saw that information to assist people was freely available throughout the home, this included notice boards, which provided information on activities and recent improvements; a suggestion box, which allowed people to provide feedback at any time and raise matters important to them with the management. A large stand in the reception area held useful brochures for example, about the home, dementia care, respite care, nutrition for the elderly and volunteering, enabling people and their representatives to access important information to further support people's well-being. Care files showed evidence of regular review and updates when people's needs had changed and people, families and representatives were invited to review meetings to ensure that they had the most up to date information in regard to people's care and support. Each area had a designated 'person of the day', and notices informed everyone who they were and invited staff and visitors to go and have a chat. The 'person of the day' could also choose anything they wanted from the kitchen, giving everyone living in the home an opportunity to regularly feel special. People benefit positively from a service where they are able to feel a sense of ownership in their care.

People receive high quality care from a service, which sets high standards for itself, is committed to quality assurance and constant improvement. We reviewed the homes statement of purpose and, although information provided was accurate, it did not cover in detail, all aspects of the home and the care it was able to provide. We discussed this with the registered manager and recommended that further work is completed to update the statement of purpose to demonstrate who's needs can be actively met and how, enabling

people to make an informed decision about how the service could effectively meet their own needs.

A daily morning briefing allows all heads of department to share important information from their area, enabling them to prioritise and pass on relevant information to staff so that everyone is well prepared for the day ahead. We reviewed incidents in the home and saw that where appropriate, lessons learned were highlighted and recommendations for improvements to practice were implemented to help protect people against recurrence. We reviewed the staffing rota and saw that a recent appointment of a deputy manager meant that supernumerary hours were available to enable the deputy to support the registered manager and make the management team more visible and accessible within the home. People benefit positively from an approach where effective solutions for continuous improvement are actively sought.

People benefit from a service where the well-being of staff is given priority and staff are well supported, well led and well trained. We spoke to staff and they all spoke highly of the company; the registered manager; training and development and the people they support. One staff member told us; *"I feel appreciated for the work I do, I always do my best, I treat this like my family."* Another staff member told us they would; *"Like to have more time to spend with people, rather than just delivering care, for example, being able to stop for a chat"*. We saw an internal document that observed and reviewed the specialist support that staff gave to people, specifically around dementia from February 2019. This document had also recorded that staff had said that care had become more task focussed rather than person centred and it offered three recommendations around this matter which empowered and supported care staff to be able to spend more time with people. We reviewed internal training records and saw that overall, 96% of training had been completed by staff. Where training was out of date, this was addressed in writing by the registered manager directly to the staff reminding the staff member of the importance of training and keeping themselves up to date.

There are safe recruitment practices. Checks of staff suitability are carried out before they begin working at the service. Disclosure and Barring Service checks were repeated every three years. Staff levels were kept under review to enable people's needs were met. There had been occasions when agency staff were required to cover shifts and they were provided with a basic induction to the service including orientation of the premises and information relating to the needs of people living in the service. Care staff were able to prioritise the care and support needs of people living in the service as separate staff were employed to undertake other duties such as administration, cooking, laundry, housekeeping, maintenance, gardening and activities. This approach means staff have individualised responsibility within their own role which enables the service to operate effectively. People benefit positively from a service where the pro-active management and staff team work well with shared values of enhancing the lives of the people they care for.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- The registered persons must review the statutory guidance and revise and update the statement of purpose to demonstrate how the needs of the people the home supports will be effectively met and also make reference to the provision of the 'Active Offer' of the Welsh language.
- The registered persons should ensure internal systems, paperwork and records reflect actions taken in relation to statutory guidance.
- The registered person should implement a clear process to review care records and assess the legibility of handwriting to ensure that all entries in care plans and records can be safely understood and followed.
- The registered persons should implement a plan to replace and refurbish older furniture and furnishings.
- The registered persons should ensure that staff have access to suitable and personalised objects of reference and communication aids to better support the needs of people with cognitive impairment, to enable them make successful choices in relation to personal preferences.
- The registered persons should make provision to enable staff to complete all care plans and records in a person centred way rather than focussing on tasks.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out a full inspection on the 1 May 2019 between 09:20am and 17:45pm. We considered all four themes; wellbeing of people using the service; care and support; leadership and management and quality of the environment.

Information for this report was gathered from the following sources:

- We spoke with five people living in the home, two people visiting the home, five members of staff, the deputy manager, the registered manager and the area manager.
- We provided questionnaires to ten people receiving a service, ten relatives, ten staff and two visiting professionals. We received completed questionnaires from six people using the service, four from relatives / representatives, one from a visiting professional and two from staff members.
- We looked at a range of records and we focused on peoples care and support plans and risk assessments, staff records, daily records, training records, health and safety records, policies and procedures, internal audits, meeting minutes and the statement of purpose.
- We used the Short Observational Framework for inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at communal lounges and dining areas of the home and a selection of bedrooms.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Barchester Healthcare Homes Limited
Manager	The manager is registered with SCW
Registered maximum number of places	66
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service attained registration under The Regulation and Inspection of Social Care Act (Wales) 2016
Dates of this Inspection visit(s)	01 May 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information: The registered provider should review the document 'More than just words' to assist them in developing an active offer of the Welsh language.	

Date Published Tuesday, 25 June 2019

No noncompliance records found in Open status.